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# **international review of the red cross**



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The **International Committee of the Red Cross (ICRC)**, together with the League of the Red Cross Societies and the 129 recognized National Red Cross and Red Crescent Societies, is one of the three components of the International Red Cross.

An independent humanitarian institution, the ICRC is the founding body of the Red Cross. As a neutral intermediary in case of armed conflicts or disturbances, it endeavours on its own initiative or on the basis of the Geneva Conventions to protect and assist the victims of international and civil wars and of internal troubles and tensions, thereby contributing to peace in the world.

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**ADDRESS BY THE PRESIDENT OF THE ICRC  
ON THE OCCASION OF THE VISIT OF  
HIS HOLINESS POPE JOHN PAUL II,  
ON 15 JUNE 1982**

To receive Your Holiness in the headquarters of our Committee is not merely an honour and a privilege, it is above all a great comfort. In fact, this is a unique opportunity to welcome the Head of a State founded on spiritual strength rather than on military might.

In a world too often ruled by the force of arms, You, as Sovereign Pontiff of the Roman Catholic Church, embody the spiritual values without which no enterprise can be truly described as human.

Moral force is also the foundation of the Red Cross movement. It carries on its activities, like the Churches, unarmed in a violent world, and You Yourself well know the risks which that entails...

Day after day we are convinced afresh that only raising up hearts, maintaining values, being unceasingly vigilant, will enable us to live to the full and convey to the world Your message and ours.

The Red Cross and the Red Crescent are not concerned with the salvation of souls: they leave the individual to make the religious or moral choice dictated by his conscience, and in so doing they gain in universality what perhaps they lack in depth, in order to be capable of taking action in emergencies for the benefit of all without discrimination.

Universality we also achieve thanks to our fundamental principle of neutrality, which is neither insensitivity nor indifference, but respect for the opinions of all, and without which it would be impossible for us to accomplish our mission. It may be, indeed, that the strength of the Red Cross lies in the limits it has set for itself. It does not lay claim to any abstract truth, except that suffering human beings are deserving of help by the very fact of that suffering. What the prisoner of war, the

refugee, the wounded soldier, the shipwrecked sailor and the political detainee, and the victims of flood, famine and earthquake, have in common is their lack of any human protection in an adversity against which they are powerless. And where the State cannot or will not accept its obligations to those whom it should protect, the international community feels compelled to act.

It is in this altruistic action for the benefit of those who have lost everything that the Churches and the Red Cross very often come together to help the victims, our neighbours more than ever in their suffering and their distress.

As a priest, You can well imagine what it means to all the thousands of prisoners we visit—whether prisoners of war or political detainees—to have our delegates with them in their cells, to be able to talk to them in private, to find a friendly hand held out to them in their despair.

As someone who attaches great importance to family ties, You are able better than anyone to put Yourself in the place of the wife who receives news of her husband in captivity or in a refugee camp, or of the child reunited with his mother through the work of our Tracing Agency.

For us, what is more important than material means is the flame of the humanitarian ideal, the flame which brings people of goodwill together when they are most needed. It is also of the first importance for us to keep the trust of the parties to a conflict, and for this reason we pursue a policy of discretion which abstains from making any judgement on events.

But the Red Cross does not confine its help to the victims of man-made disasters, it also goes to the aid of those stricken by natural catastrophes. The federation of Red Cross and Red Crescent Societies, also called the League of Red Cross Societies, endeavours to alleviate the effects of disasters and to develop the activities of National Societies, especially in social and medical work. The 129 National Red Cross and Red Crescent Societies with some 250 million members, are unquestionably the solid basis of all our activities.

For more than a hundred years, the ICRC has also devoted its energies to developing humanitarian law, striving to promote conventions which restrict the States in the choice of methods by which to harm their enemies. In fact, each war with its horrors has given rise to new Geneva Conventions. The most recent diplomatic conference adopted Protocols additional to those Conventions, and the Holy See delegation contributed substantially to the elaboration of the texts. We hope that the Holy See will soon ratify the Protocols and in so doing set an example.

## VISIT OF POPE JOHN PAUL II TO THE ICRC

15 June 1982



The Pope and the ICRC President

The Geneva Conventions are, incidentally, frequently invoked at this time: as we welcome You, the world is being torn by armed conflicts, disturbances, internal disputes. Instead of diminishing, they tend to become more numerous and more fierce, too often indiscriminate in their violence. For You, as for us, this is a source of grave concern.

With thirty delegations distributed over almost all the continents, the delegates of the ICRC come face to face with the tragedy of missing persons, torture, intimidation and all kinds of pain and injury, and of course with countless deaths which should never have occurred. Together with the volunteers of the National Red Cross and Red Crescent Societies, they attempt, at times risking their lives, to alleviate the victims' suffering by providing protection and assistance.

These men and women are serving the Red Cross cause at this very moment, in the violent war raging between Iraq and Iran, in the territories occupied by Israel, in the fighting in Lebanon, in the conflict between the United Kingdom and Argentina—which, according to the latest news seems near its end—in our assistance to refugees in Pakistan and South-East Asia, and in the innumerable tragedies affecting the people of Angola and of El Salvador. Naturally, we do not forget Poland, the country You hold so dear, where our delegates are also at work.

Evidently, our mission, like Your own, all too frequently encounters severe obstacles. There are many reasons for this, most of them political, and at times they prevent us from discharging our mandate.

Yet, if we refuse to become discouraged, it is not only because we have no right to do so, since the victims depend on us, but also because we are convinced that our activities help to promote a spirit of peace which for us too is a fundamental concern. Work for peace can never be abandoned. By trying to help victims everywhere in the spirit of the Good Samaritan, we are paving the way for reconciliation between enemies, the essential basis of lasting peace.

Moreover, if all parties to a conflict request us to do so, we are prepared to mediate directly between belligerents to help restore peace. In this role of neutral intermediary conferred on us by the community of nations we have succeeded in arranging truces which sometimes led to a lasting cessation of hostilities.

Nevertheless, as you have said, the future of mankind and of the earth is in jeopardy. Like the sword of Damocles, there hangs over all our heads the threat of nuclear weapons and others, indiscriminate or not, which the ingenuity of scientists and soldiers make ever more devastating.



We therefore hail the remarkable recent efforts of the Pontifical Academy of Sciences whose envoys made representations to the heads of state of the great Powers. The ICRC is also studying these questions with the closest attention.

But when universal charters drafted by renowned legal experts and all the assemblies, conferences and sessions attended by all the world's nations have failed to eliminate this appalling threat to our future, there comes the question whether, after all, the essential may not be peace in our hearts, the peace which only a person at ease with his or her innermost self knows truly and without which no legal systems can operate. It is in this realm that the great human traditions have a vital role to play, by extending respect for the rules from the individual conscience to the collective conscience, so that law may reign in the world when peace reigns in our hearts.

I would like to conclude, Your Holiness, by telling You what tremendous admiration we feel for Your own exceptional personal commitment, particularly as in the long run the future of humanity is in the hands of all the moral forces of mankind, of which You are one of the most illustrious representatives.

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## **ADDRESS BY HIS HOLINESS POPE JOHN PAUL II ON THE OCCASION OF HIS VISIT TO THE ICRC**

I thank you most warmly for your kind words about the work of the Holy See and my own personal endeavours. I have listened very carefully to all you have said about my native land, about El Salvador and the Middle East, and about peace in general, for these are matters very close to the hearts of Catholics, whose representative I am, and they are constantly in my prayers.

It is a great joy for me to be able to greet the leading representatives of an organisation to which humanity owes so much, at the headquarters of the International Committee of the Red Cross itself! Since its foundation by Henry Dunant over a century ago, this institution, which took root in the hearts of a few generous Swiss citizens, has met with a commendable response all over the world.

And so I too would like to pay a stirring tribute to all the men and women of goodwill who, under the auspices of the Red Cross and in the name of humanity, have sought to render service to their fellow creatures suffering as a result of senseless conflicts, natural disasters or the inhumanity of other human beings.

Besides, who would not subscribe to the basic principles of the Red Cross, adopted at its Twentieth International Conference, and in particular to its promise to "protect life", to ensure "respect for human being" without discrimination and to promote "mutual understanding, friendship, co-operation and lasting peace among all peoples"?

No doubt that same spirit which inspired the founder of the Red Cross and the members of the original committee forbids me from enlarging upon the very many benefits initiated by the International Committee of the Red Cross, and I am, of course, also thinking of the admirable work carried out by the National Red Cross Societies and their federation, the League of Red Cross Societies. In numerous wars and disasters the Red Cross has provided assistance to the civilian and military victims

of armed conflicts, to the wounded and sick on all sides, to refugees, prisoners and dispersed families. That spirit is one of self-denial, which finds its reward in the knowledge that service has been rendered, and in devotion to duty which at times does not shrink from the supreme sacrifice and is frequently displayed in the performance of humble, but very necessary, tasks.

In carrying out its work of relief, care and comfort; by providing the necessary encouragement and support to local initiative; by remaining faithful to the principle of neutrality which its founders established at the very beginning, and by respectfully but persistently offering its services in conflicts, the Red Cross has acquired a moral authority throughout the world. The effectiveness of your action is not, therefore, confined to the large variety of services you render to relieve all the physical and moral suffering you encounter. The understanding of your mission by belligerent parties and government authorities — as demanded by the Conventions — entails for you moral duties which increase your responsibility towards States and international organizations. You contribute towards the development of international humanitarian law, whose field of application you are constantly trying to extend.

In this connection, thinking of human rights, allow me to dwell once more on torture and other forms of inhuman treatment. The governments parties to the Four Geneva Conventions committed themselves to forbidding such practices and to authorizing Red Cross delegates to visit internees and to interview prisoners in private. I hope that this mission too will be recognized by all countries, so that this plague on mankind will be eliminated. Thus, in your own special way, you are helping to establish respect for the fundamental rights and dignity of human being, and at the same time to unite without any distinction all those who, believers or otherwise, are fired by this ideal.

In service to man, Christians easily identify their own ideals with the aims and practices of the Red Cross. They draw upon their faith for inspiration and for additional reasons to regard anyone who is hurt, mortified, or in distress as a kindred human being to be loved and helped, regardless of his identity. They even go deeper and see in suffering mankind the image of Christ who identified Himself with prisoners and the sick, with foreigners and the destitute. How many pages of the Gospel come vividly to life here, starting with the parable of the Good Samaritan! And as for torture, Christians have been acquainted from childhood with the account of the Passion of Christ. The thought of Jesus being stripped, beaten and derided until His final agony on the Cross should always prompt a Christian to protest against similar treat-

ment of his fellow-men. Of their own accord, disciples of Christ will reject torture, which nothing can justify, which causes humiliation and suffering to the victim and degrades the tormentor.

The Catholic Church has always been ready to work with your organizations. During the two world wars, for example, the Red Cross and the Catholic voluntary agencies united their efforts to carry out joint programmes. This co-operation continued when various projects supported by the Church, the International Committee of the Red Cross and the National Red Cross Societies were set up to assist people suffering from hunger as a result of war and to help victims of natural disasters. A good deal is already being done in this field, and I am happy to say that the Holy See and the ICRC are studying ways of co-operating more closely in their work for peace.

Lastly, in order to achieve the aims it has set for itself, the Red Cross must be assured that the Geneva Conventions and Additional Protocols will be respected by the States and the authorities whose task it is to ensure that their wise provisions are applied. Like you, I strongly appeal for the humanitarian rules contained in the Conventions to be scrupulously observed and even, if necessary, supplemented by international instruments to combat inhuman treatment, particularly torture. Such provisions could effectively safeguard the physical and psychological well-being of the victims and would ensure that they receive the respect that is their due. Any person, anywhere, should be able to count on such safeguards. And it is the duty of each State, with the welfare of its citizens at heart, to subscribe to them without reservation and to put them into practice.

I am happy to have had the opportunity to express my esteem and encourage you to pursue the work you have undertaken. I pray to God, the God "of all mercies", to bless all those in the Red Cross who, with Christian charity, act with real respect and devotion towards people in distress, and to urge others to do the same, for this will make our tormented, strife-riven world more human. And I pray that He will inspire such sentiments in a growing number of our fellow human beings today. May humanity respond more readily to that call which so strongly moved Henry Dunant: "We are all brothers" !

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# THE IDENTIFICATION OF MEDICAL AIRCRAFT IN PERIODS OF ARMED CONFLICT

by P. Eberlin

## Introduction

Since the end of the Second World War, technological developments in armaments have produced increasingly sophisticated weapons. The most dangerous of these for air transports protected by the Geneva Conventions of 12 August 1949 are remote controlled missiles equipped with homing devices, the operating radius of which exceeds the visual range of the protective emblems recognized by these Conventions and carried by medical aircraft. The visual range of the emblem is frequently much less than 1,000 metres.

Modern arms therefore make necessary new identification procedures to ensure that medical transports, whether on land, at sea or in the air, are respected and protected, even beyond visual range of the protective emblems which they carry and whatever long-range weapons are used by the parties to the conflict.

## Identification in peacetime

Medical aircraft may be civilian or military, airplanes or helicopters, assigned temporarily or permanently to the transport of wounded or sick persons.

If the medical aircraft are *civilian*, they are subject to the same regulations as other civil air transport, particularly in relation to identification. They must fulfil the requirements of the International Civil Aviation Organization (ICAO) and comply with the instructions given by regional air traffic control services. They carry the red cross emblem only if they are in the service of a Red Cross organization.

These civilian medical aircraft may identify themselves as such by mentioning their medical mission or their conveyance of medical cases in the flight plan filed with the departure airport and subsequently communicated to the arrival airport. If they are carrying wounded or sick persons requiring emergency treatment, the pilot, when approaching the arrival airport, may obtain landing priority, which is at times vital.

*Military* medical aircraft engaged in transporting wounded or sick persons, whether civilian or military, in peacetime, must observe the same procedures as civil aviation concerning air safety and identification, at least when flights are inserted within civilian air traffic control patterns, which is almost always the case.

It is of the greatest importance to be able to identify a medical aircraft throughout its flight, so that it can be given the priority essential for the survival of the sick or wounded persons it carries. The time lapse for effective medical treatment after a wound has been sustained or a disease has appeared is sometimes very short. It is during this brief survival period that sick and wounded persons must be transferred to hospitals to receive appropriate treatment. The rapidity of medical transport is therefore of prime importance, and such transport receives priority.

In time of peace the identification of medical aircraft, whether civilian or military, is achieved by four methods, all of which must always be used *simultaneously*, exactly as prescribed in the ICAO regulations, that is:

- communication of the flight plan between the departure point and the arrival point,
- nationality and registration markings to be shown on the aircraft,
- radio communication to be maintained between the aircraft and the ground-based control services,
- secondary radar to be carried.

## **Identification in times of armed conflict**

At a time of armed conflict, the procedure to be followed for the identification of a medical aircraft is similar to that prevailing in peacetime, whether the aircraft is civilian, belonging, for example, to a Red Cross organization or to a civil defence unit, or if it is a military medical aircraft belonging to the armed forces.

This procedure for the identification at a time of armed conflict was defined by the Diplomatic Conference for the Reaffirmation and Development of International Humanitarian Law in Armed Conflicts, which took place in Geneva from 1974 to 1977. It had been preceded by Conference of Government Experts, which created a technical subcommittee to examine the ICRC proposals relating to the identification of medical transport on land, at sea and in the air.

The Diplomatic Conference adopted Regulations concerning Identification, which form Annex I of Protocol I additional to the Geneva Conventions of 12 August 1949. These Regulations are accompanied by three Resolutions, addressed to the international organizations responsible for dealing with the technical problem arising, that is, ITU (International Telecommunications Union), IMCO (Intergovernmental Maritime Consultative Organization)<sup>1</sup> and ICAO (International Civil Aviation Organization).

The Geneva Conventions of 12 August 1949 had specified only visual identification for medical aircraft in periods of armed conflict; the Regulations concerning Identification, attached to Protocol I, provide for additional means of identification, as follows:

## **I. Visual and infra-red identification**

Medical aircraft may be marked with the emblem of the red cross or the red crescent on a white ground. These are the two protective emblems recognized by the 1949 Geneva Conventions, with the red lion and sun, now no longer in use. For simplicity, only the term "red cross" is used below.

The aircraft's nationality markings and registration number may be carried in addition to the protective red cross emblem.

It is no longer obligatory for the whole aircraft to be painted white: it may retain its original paint or military colours and must carry a red cross on a white ground, provided the competent authorities have granted permission.

To prevent abuses, every medical aircraft must be properly authorized to carry the protective emblem of the red cross. The authorities granting this authorization will normally be a ministry, whether of health, defence or internal affairs, or any other official body appointed by the government to supervise the use of the protective red cross emblem.

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<sup>1</sup> Now IMO (International Maritime Organization) as from 1 July 1982.

The emblem referred to here is indeed the protective emblem, and not the very small red cross, unrecognizable from a distance of more than a few dozen metres, which can be fixed to an aircraft in peacetime to indicate that it belongs to a Red Cross organization, with the organization's consent.

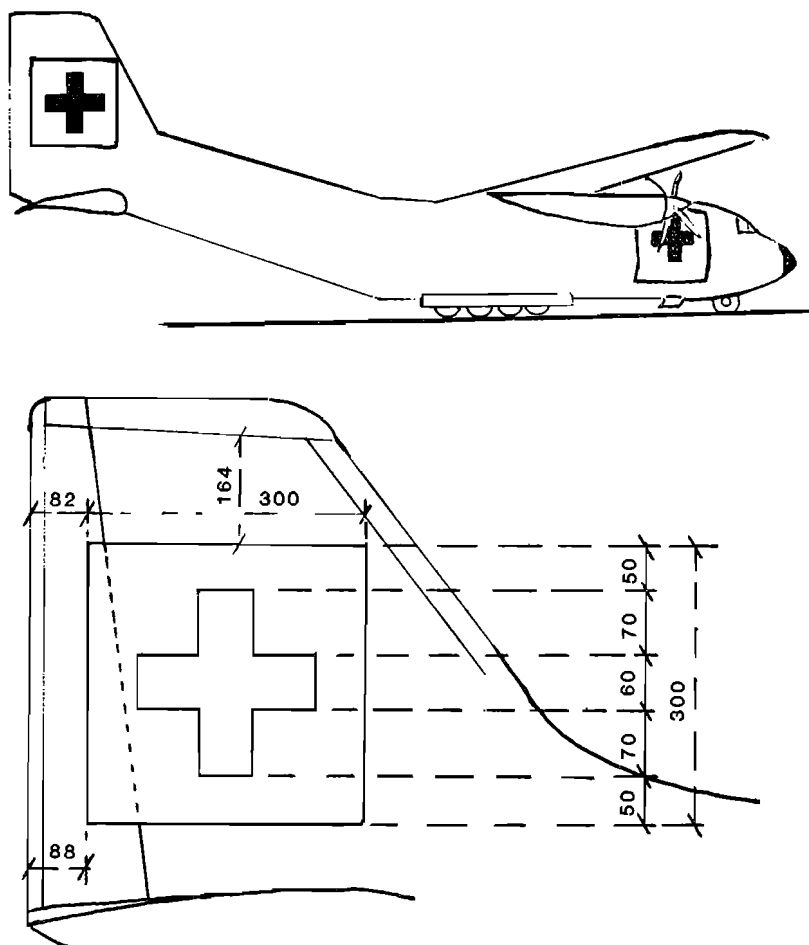


Fig. 1. A Transall C 160 as used by the EMMIR (Elément médical militaire d'intervention rapide — France) and the tail fin, with dimensions of the red cross sign in centimetres.

There are seven red crosses on the plane: one on each side of the fuselage, one on each side of the tail fin, one atop the fuselage between the wings, one on the underside of each wing. Time required to paint the crosses: 16 hours, with six painters. Markings by means of adhesive emblems is quicker but requires skilled workmen.



The protective emblem, which is of very large dimensions, indicates that the aircraft is entitled to respect and protection by combatants. They must be instructed of its meaning and know that they must not fire on the red cross emblem, whether on land, at sea or in the air.

Fig. 1 gives an example of the positions and dimensions of the red cross emblem on a 30-tonne Transall C160 aircraft used by the *Elément Militaire Médical d'Intervention Rapide* (EMMIR) — the emergency medical operations unit of the French armed forces.

The white ground, a square 3 metres by 3 metres, painted on the tail fin of the plane, allows the display of a red cross 2 metres high and 2 metres wide, which can be identified, if the line of sight is perpendicular to it, from a distance of at least 1,000 metres.

At night, or in reduced visibility, these protective emblems can be illuminated. They may also be composed of materials detectable by infra-red equipment

Tests carried out by the ICRC during the Conferences of Government Experts referred to above, demonstrated that a red cross painted on a pale ground such as the metal body of a vehicle or white paint was invisible to infra-red equipment or infra-red-sensitive film. The same was true for some light-amplification equipment.

After various tests, the best solution found, and the simplest, to avoid disappearance of the emblem painted in red consisted of first painting a cross in black and then covering it with a coat of red paint. In this way, the sharp pale-dark contrast of the protective emblem was visible to infra-red observation. This precaution is probably not very important for aircraft in flight, but when they are on the ground, parked for the night, and close to a combat zone, it is no doubt useful to be able to identify the red cross on a white ground in the dark with infra-red equipment.

The first photograph shows the markings of an airliner used as a medical aircraft, with protective emblems of large dimensions, too large to be used for a helicopter or a small touring aircraft adapted as medical aircraft.

For marking small medical aircraft, as for large ones, the rule is simple: a red cross or a red crescent must be placed on the plane where its height is greatest and must occupy the whole height.

The visibility of the protective emblem is proportional to its dimensions, and it must be identifiable at the same moment as the silhouette of the aircraft. Yet in spite of its size the protective emblem is not always identifiable, due to poor light, bad weather or darkness, which

often prevent the red cross painted on an aircraft from being seen, particularly in the case of helicopters.

Seen from directly ahead or astern, medical aircraft are extremely difficult to identify. Even at only a few hundred metres altitude, it is rarely possible to distinguish an emblem painted on a medium-sized aircraft, such as those used for the past few years by the ICRC in various conflict zones.

To remedy this defect in visual identification, the Regulations concerning Identification prescribe the use of a distinctive light signal.

## **II. The distinctive light signal: a flashing blue light**

In conditions of poor visibility as described above, it is noticeable that aircraft navigation lights and anti-collision lights sometimes remain visible for long distances.

A distinctive light signal is therefore able to remedy the deficiency in visual identification when visibility is limited. As white, red and green are used already for navigation lights, there remained blue, which was adopted as the colour to be used for a light flashing at the same rate as the anti-collision lights, that is, between 60 and 100 flashes per minute.

The blue colour to be used has been defined by trichromatic coordinates on the chromatic diagram, as indicated in the Regulations concerning Identification (see Fig. 2).

This light signal, adopted in 1977 by the Diplomatic Conference, appears in theory to be very simple, all that is required to give a medical aircraft a blue light being to replace the red domes of the anti-collision lights with blue domes of glass or plastic. In practice, the fitting of the blue flashing light is more complicated, as the ICRC discovered during its medical air transport operations in Africa and Asia.

The difficulties encountered were as follows:

- The dimensions of the rotating anti-collision light fittings in civil and military aircraft are not standardized, but vary from one plane to another depending on the manufacturer.
- The blue glass or plastic domes are not marketed commercially or are very difficult to obtain. They have to be ordered from suppliers producing heat-resistant glass or plastic, in view of the great amount of heat energy retained by dark blue.

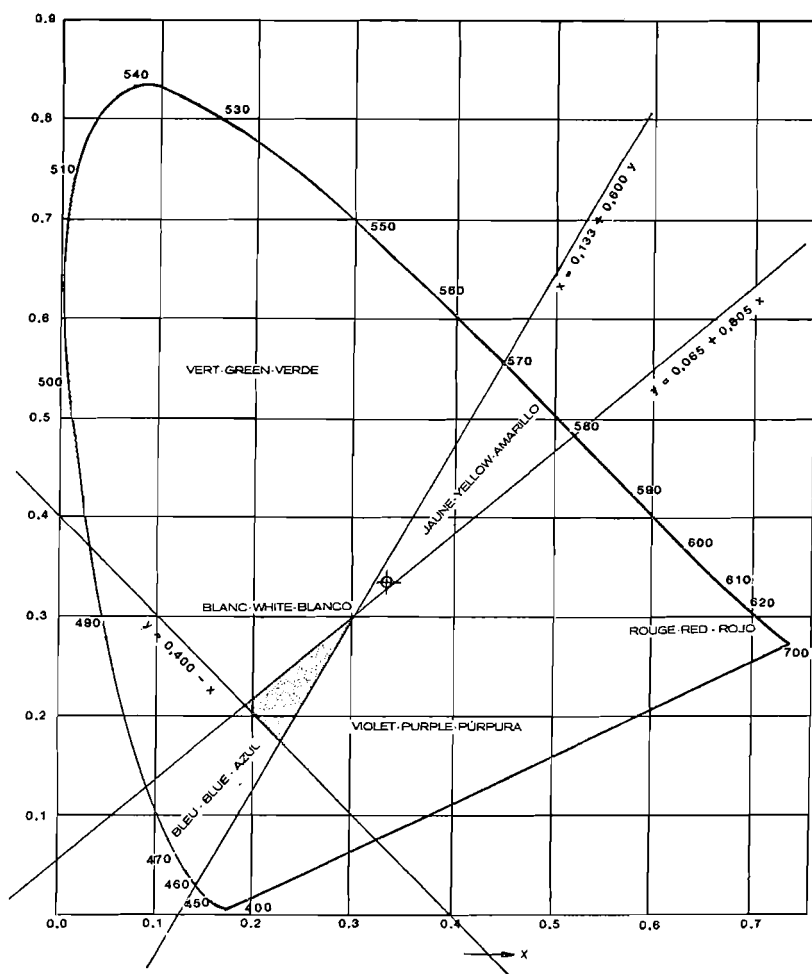


Fig. 2. Chromaticity diagram of the International Commission on Illumination, showing trichromatic co-ordinates determining the blue of the light signal for medical vehicles.—The dark triangle is the recommended blue zone.

- To install in an aircraft a rotating blue light of the same type as used by vehicles having priority in road traffic raises problems of electricity supply, compliance with aviation standards, and space. Tests made by the ICRC showed that a rotating light of this type, fitted under the fuselage of a Piper Cherokee Six medical aircraft, pro-

truded too much and was smashed by stones and lumps of earth when taking off from improvised runways.

The ICRC has also tried the use on board its medical aircraft of blue lights of the "strobe" type, that is, lights in which electricity is discharged in a gas. The major disadvantages of this equipment caused the ICRC to reject its use:

- The intensity of the flashes produced by strobe lights may interfere with the piloting of the aircraft.
- Beyond a few hundred metres, the strobe light loses its blue colour and is seen from the ground as white. Flying in daylight over territory controlled by guerilla fighters, an ICRC plane was fired on by automatic weapons, despite the fact the strobe light was operating. Later, the guerilla fighters explained that as the plane flew towards them emitting rapid flashes of blue-white light, it looked like a military aircraft machine-gunning the ground, the flashing light resembling gunfire.

A solution therefore has to be worked out with the manufacturers of aircraft equipment, so that medical aircraft can make use of the light signalling system provided for in the Regulations concerning Identification. The ICAO is aware of this problem, as well as other technical problems relating to the identification of medical aircraft and included in Resolution 17 which the Diplomatic Conference sent to the ICAO in 1977. The Resolution does not mention the use of radio, which comes within the competence of the International Telecommunications Union.

### **III. Identification by radio : radio signal**

The Diplomatic Conference, in its Resolution 19, requested the ITU to submit the requirements for medical transports to the World Administrative Radio Conference (WARC 79), which was held in Geneva at the end of 1979, so that the necessary arrangements could be made to meet essential radiocommunications needs for protected medical transports in armed conflicts.

WARC 79 responded to this request by adopting a new Section II, "Medical Transports", of the Radio Regulations, under Article 40, "Urgency and Safety Transmissions, and Medical Transports".

This Section specifies a procedure by which a medical transport may identify itself by transmitting a distinctive radio signal reserved exclusively for the use of medical transports, especially medical aircraft:

# Excerpt from the Radio Regulations

## ARTICLE 40

### Urgency and Safety Transmissions, and Medical Transports

#### Section I. Urgency Signal and Messages

**3196** § 1. (1) In radiotelegraphy, the urgency signal consists of three repetitions of the group XXX, sent with the letters of each group and the successive groups clearly separated from each other. It shall be transmitted before the call.

**3197** (2) In radiotelephony, the urgency signal consists of three repetitions of the group of words PAN PAN, each word of the group pronounced as the French word "panne". The urgency signal shall be transmitted before the call.

**3198** § 2. (1) The urgency signal shall be sent only on the authority of the master or the person responsible for the ship, aircraft or other vehicle carrying the mobile station or mobile earth station in the maritime mobile-satellite service.

**3199** (2) The urgency signal may be transmitted by a land station or an earth station in the maritime mobile-satellite service at specified fixed points only with the approval of the responsible authority.

**3200** § 3. (1) The urgency signal indicates that the calling station has a very urgent message to transmit concerning the safety of a ship, aircraft or other vehicle, or the safety of a person.

**3201** (2) The urgency signal and the message following it shall be sent on one or more of the international distress frequencies (500 kHz, 2 182 kHz, 156.8 MHz), or on any other frequency which may be used in case of distress.

**3202** (3) However, in the maritime mobile service, the message shall be transmitted on a working frequency:

- a)* in the case of a long message or a medical call; *or*
- b)* in areas of heavy traffic in the case of the repetition of a message transmitted in accordance with the provision as laid down in No. 3201.

An indication to this effect shall be given at the end of the call.

**3203** (4) The urgency signal shall have priority over all other communications, except distress. All stations which hear it shall take care not to interfere with the transmission of the message which follows the urgency signal.

- 3204** (5) In the maritime mobile service, urgency messages may be addressed either to all stations or to a particular station.
- 3205** § 4. Messages preceded by the urgency signal shall, as a general rule, be drawn up in plain language.
- 3206** § 5. (1) Mobile stations which hear the urgency signal shall continue to listen for at least three minutes. At the end of this period, if no urgency message has been heard, a land station should, if possible, be notified of the receipt of the urgency signal. Thereafter, normal working may be resumed.
- 3207** (2) However, land and mobile stations which are in communication on frequencies other than those used for the transmission of the urgency signal and of the call which follows it may continue their normal work without interruption provided the urgency message is not addressed "to all stations" (CQ).
- 3208** § 6. When the urgency signal has been sent before transmitting a message "to all stations" (CQ) which calls for action by the stations receiving the message, the station responsible for its transmission shall cancel it as soon as it knows that action is no longer necessary. This message of cancellation shall likewise be addressed "to all stations" (CQ).

## **Section II. Medical Transports**

- 3209** § 7. The term "medical transports", as defined in the 1949 Geneva Conventions and Additional Protocols, refers to any means of transportation by land, water or air, whether military or civilian, permanent or temporary, assigned exclusively to medical transportation and under the control of a competent authority of a Party to a conflict.
- 3210** § 8. For the purpose of announcing and identifying medical transports which are protected under the above-mentioned Conventions, a complete transmission of the urgency signals described in Nos. **3196** and **3197** shall be followed by the addition of the single group "YYY" in radiotelegraphy and by the addition of the single word MAY-DEE-CAL, pronounced as in French "médical", in radiotelephony.
- 3211** § 9. The frequencies specified in No. **3201** may be used by medical transports for the purpose of self-identification and to establish communications. As soon as practicable, communications shall be transferred to an appropriate working frequency.
- 3212** § 10. The use of the signals described in No. **3210** indicates that the message which follows concerns a protected medical transport. The message shall convey the following data:

- 3213**            *a)*    the call sign or other recognized means of identification of the medical transport;
- 3214**            *b)*    position of the medical transport;
- 3215**            *c)*    number and type of medical transports;
- 3216**            *d)*    intended route;
- 3217**            *e)*    estimated time en route and of departure and arrival, as appropriate;
- 3218**            *f)*    any other information, such as flight altitude, radio frequencies guarded, languages used and secondary surveillance radar modes and codes.
- 3219**    § 11.    The provisions of Section I of this Article shall apply as appropriate to the use of the urgency signal by medical transports.
- 3220**    § 12.    The use of radiocommunications for announcing and identifying medical transports is optional; however, if they are used, the provisions of these Regulations and particularly of this Section and of Articles 37 and 38 shall apply.

The requirements of the Radio Regulations are known to flying crews, as they are international regulations applicable everywhere in the world and are complied with by national legislation concerning radio-communications and the use of the electromagnetic frequency bands.

During their training, air pilots are given instructions in the radio procedures to be followed, and flight instructors are responsible for teaching their pupils the distinctive radio signal for medical aircraft, as they do for distress, alarm and safety signals, which are also internationally recognized.

On the ground, military air traffic controllers must know that medical aircraft, whether military or civilian, may identify themselves by radio in a period of armed conflict by implementing the provisions of the Regulations concerning Identification and those of Section II of the Radio Regulations.

These controllers must send information concerning the movements of the medical aircraft to the commanding officers of troops within the sectors overflown by such aircraft and in the adjacent sectors, to ensure that there is no firing in their direction. This is a question of military liaison and transmissions, which must be organized, like other military matters, between the different services and especially with the medical services of the armed forces. The procedures for identification of medical

aircraft have been adopted to provide greater safety in the transport of wounded, sick or shipwrecked persons and of medical personnel—they are worth putting into practice.

#### **IV. Identification by Secondary Surveillance Radar (SSR)**

The radio signal reserved for medical transports in periods of armed conflict is a new means of identifying medical aircraft. However, this is not the case for radar identification. In fact, all aircraft, including medical aircraft, are fitted, in peacetime too, with radar transponders by which they can be identified on the panoramic radar screens of the civil or military air traffic controllers.

Radar transponders are transceivers installed on board aircraft; they pick up the signals from surveillance radars and reply automatically, giving aircraft identification and flight data, pre-recorded on the transponder. Many years ago the International Civil Aviation Organization (ICAO) laid down a number of detailed regulations concerning civilian aircraft identification by secondary surveillance radars (SSR). Secondary radar is so called because interrogation by a primary surveillance radar produces a reply from the transponder.

Radar identification requires the use of a specific mode and code. The SSR mode indicates the specific pulse spacing of the interrogation signal and the code is a number assigned to a reply signal received from the transponder.

The ICAO has established four different modes, A, B, C, and D. The number of codes that can be recorded in a transponder is limited. That is why it would be difficult to reserve an identification code exclusively for medical aircraft, much less numerous than other aircraft. The ICAO is nevertheless considering the possibility.

Diplomatic Conference Resolution No. 17 requested the ICAO in 1977 to establish appropriate procedures so that in the event of an armed conflict, States would immediately be informed of the SSR modes and code available to all medical aircraft in the air traffic control area concerned for the duration of the conflict. The selected radar code would thus be withdrawn from general use only in the area affected by the conflict and for a limited period of time.

Radar identification of medical aircraft in periods of armed conflict should therefore not meet with any international regulation difficulties, so that aircraft should be able to fly the wounded and sick out of the



various combat zones defined in Section II, entitled "Medical Transportation", of Protocol I adopted by the Diplomatic Conference in 1977.

## **V. Notification, prior agreement, interception**

Before planes can overfly or land in some areas of hostilities, an agreement must be concluded between the belligerents. The distinctive "*Medical*" radio signal reserved for medical aircraft may be used to establish radio communications between parties to a conflict and to notify them of the flight plans of medical aircraft. If need be, the standard international codes for world radio communications and other internationally recognized codes may be used for communications between belligerents. Flight plans must be drawn up in accordance with the procedures laid down by the ICAO.

When one of the parties to the conflict—for example, guerrilla fighters—has no air traffic control system, the flights of medical aircraft should be notified, and agreements concluded for taking out the wounded, through a neutral organization such as the ICRC.

It may be of interest to note here that, for air radio messages only, the ICRC uses the two-letter callsign RX, registered by the ICAO to identify aircraft chartered by the ICRC. This callsign is not used by medical aircraft, which have their own national callsigns, registered with the ICAO.

The Regulations concerning Identification, annexed to Protocol I, also provide for the interception of medical aircraft.

It is lawful to intercept a medical aircraft and to order it to land for inspection purposes. In such a case, the Regulations stipulate that the procedures applied should be those normally used for visual and radio interception, as specified by the ICAO for the interception of civil aircraft by military aircraft. Air traffic controllers on the ground may apply the same procedures. In this way it is possible to avoid the use of warning shots summoning a plane to land, this practice being extremely dangerous to the safety of wounded persons being moved from the combat area.

\* \* \*

The identification of medical aircraft had remained solely visual from the time when medical aircraft were first included in the Geneva Conventions, in 1929, until the Regulations concerning Identification

were adopted by the Diplomatic Conference in 1977. Owing to the speed of technical developments, the Regulations are to be revised every four years to bring them up to date. The ICRC is responsible for submitting to the States the proposals for the required meetings of experts.

The International Red Cross hopes that modern methods of identifying medical aircraft, both civilian and military, will make it easier to take the rapid medical action essential to save human lives.

**Philippe Eberlin**  
*ICRC technical adviser*

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# INTERNATIONAL COMMITTEE OF THE RED CROSS

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## **Grants from the Maurice de Madre French Fund**

GENEVA, 10 December 1981

CIRCULAR No. 518

*To the Central Committees of the National  
Red Cross and Red Crescent Societies*

LADIES AND GENTLEMEN,

In its Circular No. 512, dated 20 November 1978, the International Committee of the Red Cross communicated to the National Societies the conditions under which applications for grants could be made in aid of their delegates or nurses who, in the course of their relief work during war operations or natural disasters, had suffered injury and had thereby found themselves in straitened circumstances or in reduced health (article 2 of the Regulations of the Maurice de Madre French Fund, adopted on 19 December 1974 by the ICRC Assembly).

With a view to facilitating the utilization of the amounts placed at the disposal of the ICRC, League and National Societies, the ICRC has decided, on the proposal of the Board of the Maurice de Madre Fund, to amend the Fund's Regulations of 19 December 1974 (as printed in the February 1976 issue, No. 179, of the *International Review of the Red Cross*, p. 70). The text of the amended Regulations, as adopted by the ICRC Assembly on 9 April 1981, is attached hereto.

The amendments concern essentially two points:

1. The property bequeathed by the late Comte de Madre was originally intended to be used to pay for rest and convalescence cures. But it was also agreed that payments could take the form of a financial subsidy, as stated in Circular No. 512 (para. 4). This provision has now been incorporated in the Regulations (article 2.2).
2. During the recent events in Nicaragua, several members of the National Red Cross Society working as first aiders were killed, leaving their next of kin in particularly straitened circumstances. A special fund had to be set up to provide aid for these families, as it was not possible at the time to draw upon the de Madre Fund. Such situations are quite likely, unhappily, to be met with again. That is the reason why the range of beneficiaries has been extended to the families of persons who die in the performance of their humanitarian mission (article 2.3).

The Board of the Maurice de Madre French Fund will therefore receive not only applications for grants concerning wounded, sick or disabled persons, under the conditions laid down in article 2.1 of the Fund's Regulations, but also applications for grants in aid of the families of persons killed in such circumstances.

The following points must be taken into account when presenting applications for grants to this new category of beneficiaries:

- (a) Requests for grants, as before, must be submitted by the organization to which the deceased person belonged (National Society, League or ICRC).
- (b) They must contain the same information on the deceased person as that required by the grant application annexed to Circular No. 512.
- (c) They must specify the date of death and the circumstances in which the death occurred, in the course, or as a result, of the action on which the request is based (a certificate signed by the doctor who recorded the death must be attached).
- (d) They must give appropriate information on the person or persons in whose aid the request is being made (such as kinship to the de-

ceased; whether totally or partly dependent; financial situation after the death, in particular, information on life assurance policies and/or compensation paid or due to be paid).

Revised grant application forms are attached to the present circular.

Yours faithfully,

FOR THE INTERNATIONAL COMMITTEE  
OF THE RED CROSS

**Alexandre HAY**

*President*

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N. B. Owing to the large amount of material for publication, the International Review has only now been able to publish this circular. Copies have already been sent by letter to all National Societies. (Ed.)

## **British Prime Minister visits ICRC**

On 12 August 1982, while on holiday in Switzerland, the British Prime Minister, Mrs. Margaret Thatcher, paid a private visit to the International Committee of the Red Cross. She was accompanied by her husband, Mr. Denis Thatcher. In the absence of the President of the ICRC, she was welcomed by Mr. Richard Pestalozzi, its Vice-President.

Replying to the speech of Mr. Pestalozzi, Mrs. Thatcher expressed her gratitude to the ICRC for its humanitarian work in the recent South Atlantic conflict and announced that her government would be making a special contribution to the ICRC programme on behalf of political detainees. She then went on to discuss various issues of a humanitarian nature in talks with Mr. Pestalozzi and ICRV representatives.

After having greeted the members of the International Committee and senior ICRC executives, Mrs. Thatcher and her husband were guests of honour at a reception attended by high-ranking officials from various international organizations in Geneva, the Secretary General of the League of Red Cross Societies and representatives of the Swiss federal authorities and the cantonal and municipal authorities of Geneva.

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## **Ratification of the Protocols by Denmark**

On 17 June 1982, Denmark deposited with the Swiss Government an instrument of ratification, dated 2 June 1982, of Protocols I and II additional to the Geneva Conventions of 12 August 1949 relating to the protection of the victims of international and non-international armed conflicts, adopted on 8 June 1977.

This instrument was registered on 17 June 1982 and, in accordance with their provisions, the Protocols will come into force for Denmark on 17 December 1982.

The instrument of ratification is accompanied by a Government declaration of 8 June 1982, according to which the Danish Government recognizes *ipso facto* and without special agreement, in relation to any other High Contracting Party which accepts the same obligation, the competence of the International Fact-Finding Commission, mentioned under Article 90, paragraph 2, of Protocol I.

This ratification brings to 24 the number of States parties to Protocol I and to 21 the States parties to Protocol II.

## Exhibition « Medic-Air 1982 »

“Medic-Air 1982”, the international exhibition of medical and general aviation, was held in Geneva from 22 to 25 April. Sponsored by the ICRC and with the object of promoting and developing medical aviation, this event complied with one of the statutory tasks of our institution: to contribute to the preparation of Red Cross medical personnel and equipment, in particular for action in the event of armed conflict. The ICRC had previously held exhibitions of the same type, the first in 1924 and a second one in connection with the celebration, in 1978, of the 150th anniversary of the birth of Henry Dunant.

“The wounded—bandaged or not—are carried in litters borne by pack mules...” Mr. Alexander Hay, President of the ICRC, opened the exhibition with this quotation from Henry Dunant’s book *A Memory of Solferino*. In contrast, “Medic-Air 1982” displayed the most recent models of medical air transport equipment and techniques. Various types of aeroplanes and helicopters, navigation accessories and aids, aerodrome equipment, airborne hospital and treatment facilities (operating theatres, field hospitals, etc.), were all on view.

The ICRC presented its activities on a stand where a radio station had been installed for demonstration purposes. A film made during the recent repatriation of severely wounded soldiers in the Iran/Iraq conflict was also shown to the public.

A programme of lectures on technical subjects, presented by specialists, doctors and pilots was run in conjunction with this exhibition. In this way, there were opportunities for interesting exchanges of views, based on the experience of different organizations in the field of air rescue operations. The practice of relief dropped from the air, the employment of helicopters at short range work and the indispensable role of doctors in the evacuation of wounded were discussed.

Mr. P. Eberlin, ICRC technical adviser, spoke about the identification of medical aircraft in armed conflicts on the basis of the Regulation Concerning Identification (Annex I of Protocol I) and of the resolutions adopted by the 1977 Diplomatic Conference, and in accordance with the Radio Regulations, which entered into force for the whole world on 1 January 1982. An article in the present issue of the Review gives an account of Mr. Eberlin’s talk.

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## **Death of Mr. Guillaume Bordier**

Mr. Guillaume Bordier, former vice-president and an honorary member of the ICRC, died on 9 July 1982.

Mr. Bordier was born in Geneva in 1901 and did his schooling there. He continued his studies at the Federal Polytechnicum in Zurich where he graduated in engineering. He then went on to study economics in the United States and received his "Master of Business Administration" degree from the University of Harvard in 1929. On his return to Geneva he joined the Banque Bordier et C<sup>ie</sup> in an executive capacity and later became a partner in the bank. He was a member of the Swiss Bankers' Association and sat on the Board of Directors of a number of companies.

In January 1955, Mr. Bordier was elected a member of the ICRC, at a time when it had to cope with a growing burden of financial responsibilities owing to its increasing activities. The ICRC was anxious to gain the services of a businessman whose great talents and extensive knowledge of financial problems were widely recognized.

Mr. Bordier took an active part in the tasks of our organization: he was appointed several times to the President's Council and he acted for years as treasurer of the ICRC without wishing to be officially appointed to the post. He was chosen as vice-president of the ICRC for 1966 and 1967.

In 1963 he made an official visit to the American Red Cross and in 1967 he represented the ICRC in Moscow for the celebration of the centenary of the foundation of the Red Cross in Russia. That same year he was a member of the ICRC delegation to the Council of Delegates which met at The Hague. Mr. Bordier resigned from the ICRC in May 1973 and was appointed an honorary member.

Mr. Bordier's contribution to international humanitarian work was of great value and the ICRC wishes to pay tribute to the loyalty and the competence with which he assumed the responsibilities entrusted to him.

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## ***EXTERNAL ACTIVITIES***

*(May and June 1982)*

### **Africa**

In June, the delegate general for Africa, Mr. Jean-Marc Bornet, visited Namibia/South West Africa, Sudan and Ethiopia, to discuss current activities with the ICRC delegations in those three countries.

### **Southern Africa**

#### **Angola**

On 25 May, an ICRC nurse, Miss Marie-José Burnier, and a local employee, Mr. Gregorio Lucamba, were abducted by an armed group when they attacked an ICRC convoy near Katchiungo, on the Planalto. The ICRC is extremely concerned about these two members of its personnel and has made every possible effort to have them released rapidly.

While the ICRC is treating this regrettable affair with the greatest discretion, so as not to jeopardize its negotiations with the captors, it reported the incident in a press release dated 4 June, and it considers it to be a serious threat to its humanitarian mission and on those whose duty it is to carry it out.

At the end of June, no progress had been made.

#### *Activities on the Planalto*

The volume of aid distributed in May (in total, some 400 tons to be distributed among 50,000 people) remained relatively stable in the Bailundo and Katchiungo regions. In Bié province, there was a progressive increase throughout May in the number of recipients of the

general distributions; and in June, their number had expanded so much that it was estimated there were nearly 50,000 people from outlying villages coming to Kuito to get their rations.

As from the end of May, security problems forced delegates to apply the general distribution system used in Bié to other provinces. Thus, at Bailundo, where delegates' movements were restricted to the approaches of the town, 24,000 persons benefited from this system. In the Katchiungo region, where the nurse and the local employee were abducted, ICRC activities had to be reduced, despite the needs noted in villages which had been receiving aid. In June, only the centre for the nutritional rehabilitation of under-nourished children continued to function in this zone.

A new orthopaedic centre sited in the Kuito hospital building was opened to aid amputees from Bié province. In June, an orthopaedist and a physiotherapist from the ICRC began to treat 62 persons. The volume of activity at the Bomba Alta orthopaedic centre has been reduced, since the attack last March when serious material damage was caused.

#### *Activities in southern Angola*

In southern Angola, where the ICRC has a sub-delegation at Lubango and an office at N'Giva, the ICRC flights carrying relief supplies between Huambo and N'Giva had to be suspended for the whole of May. Nevertheless, it was possible to establish a road link, the meeting point for delegates from Lubango with those from N'Giva being the bridge over the river Kunene. Medical and relief supplies thus reached N'Giva, allowing the medical activities undertaken in the south of the country to be continued.

The Tracing Agency also continued its work in the region. In collaboration with the "Angolan Red Cross", some 1000 messages were transmitted between persons living in South Kunene province and members of their families in other provinces.

On 4 June, an ICRC armoured vehicle with a delegate and a local employee on board exploded on a mine, 6 km south of N'Giva. By good fortune, the two passengers escaped from the accident unhurt. Travel by road in this region was immediately suspended. ICRC activities in N'Giva were, however, continued.

#### **Republic of South Africa**

Continuing their activities of protection and assistance for detainees' families and for ex-detainees in need, two ICRC delegates carried out a

mission in the Port Elizabeth and Durban regions. In the Transkei, they also discussed with the chief of the armed forces the question of visits to security detainees. A reply to the ICRC's offer of services was expected at the end of June.

The prisoners of war (one Soviet and one Cuban) in South African hands were again regularly visited in May and June. In addition to the delegate stationed in Pretoria, two delegates from Geneva, one a doctor and the other an interpreter, visited the Soviet prisoner on 17 June. The ICRC requested the South African authorities to have him repatriated on health grounds, in conformity with Articles 109 and 110 of the Third Geneva Convention.

#### *Release of a South African prisoner of war*

The South African prisoner of war, Johan van der Mescht, held by SWAPO since 1978, was freed on 5 May and repatriated to South Africa. This operation took place independently of the ICRC, under an exchange scheme agreed upon between the South African and Soviet authorities. ICRC delegates had visited Mr. van der Mescht at regular intervals since the beginning of his detention and he was seen a last time two days before his release, when the ICRC delegates spoke with him in conformity with the conditions governing ICRC visits.

#### **Namibia/South West Africa**

The ICRC delegate general for Africa spent the period from 7 to 12 June in Namibia. On 8 and 9 June, he took part in a visit to 136 Namibian security detainees and 114 Angolan prisoners of war at Mariental Camp.

The question of ICRC activities in the north of the territory were also discussed at various meetings, in particular with the Administrator General of Namibia. In May, the ICRC delegate at Windhoek carried out a survey of the situation at Rundu in the north of the territory, where Angolan refugees have been settled.

Finally, a formal request for the repatriation of 11 severely wounded Angolan prisoners of war was presented to the South African authorities. The ICRC had still not received their reply at the end of June.

#### **Mozambique**

Given the prevailing situation in the Manica, Gaza and Inhambane provinces, the ICRC delegation at Maputo contacted the Ministry of Health and the "Mozambican Red Cross". They were informed that

ICRC assistance did not appear to be necessary for the time being in these regions.

### **Zimbabwe**

The ICRC has decided to provide assistance to the war disabled in Zimbabwe by donating the sum of 150,000 Swiss Francs to the Ruwa orthopaedic centre for victims of war, near Harare. This amount had been originally earmarked for a programme in aid of war amputees, which the Ministry of Health had finally decided not to carry out.

### **East Africa**

#### **Ethiopia**

On 30 June 1982, the ICRC ended its involvement with the artificial limb centre at Debre Zeit for war disabled, which it had set up in February 1979. The centre has been autonomous since 1981.

The Ethiopian technicians and physiotherapists trained by ICRC paramedical specialists have henceforth full responsibility for producing and fitting artificial limbs and for the rehabilitation of war amputees and paraplegic soldiers.

At the same time, talks with the Ethiopian authorities regarding the establishment and organization of two rehabilitation centres for handicapped civilian victims of man-made disasters resulted in an agreement between the ICRC and the Ministry for Labour and Social Affairs which was signed on 26 June. These centres will be sited at Asmara (Eritrea) and Dire Dawa (Hararghe).

#### **Somalia**

The ICRC regional delegate stationed at Nairobi, a medical delegate and a Tracing Agency delegate went on mission to Mogadishu from 10 to 17 June. They visited 192 Ethiopian prisoners of war, in conformity with the customary ICRC procedure. At the same time, they saw one Cuban prisoner of war also. All the prisoners filled out family messages and the delegates distributed some relief.

#### **Madagascar**

From 9 to 23 May, the ICRC regional delegate at Nairobi went on mission to Madagascar with the object of re-establishing contact with

the authorities and with representatives of the National Red Cross Society. The question of the dissemination of international humanitarian law among members of the armed forces and in the universities was discussed.

## **Central and West Africa**

### **Gambia and Ghana**

Following up his visits to Gambia and Ghana in March and April, an ICRC delegate again went to these two countries in June, to resume negotiations on the ICRC offer of service to visit places of detention there.

In *Gambia*, the delegate was received by the Vice-President of the Republic, the Minister for the Interior and the President of the Committee of the Gambian Red Cross. His talks did not, however, produce any concrete results, as the Gambian authorities felt that they could not accept the ICRC offer of service at this stage.

In *Ghana*, the ICRC obtained the authorization to make visits to places of detention. These visits will commence as soon as a common agreement on procedure is worked out between the Ghanaian authorities and the ICRC.

### **Chad**

As was decided following surveys carried out in March and April in the eastern part of the country controlled by the "Armed Forces of the North" (FAN), an ICRC delegation was opened at Abeche. The delegates from Khartoum reached this town on 28 May, but shortly afterwards, the fall of N'Djamena and the FAN victory changed the situation. Relief convoys from Khartoum reached Abeche as arranged, but further relief was brought from N'Djamena, making up a total of 68.4 tons in June. The delegates made fuller assessments of needs in previously inaccessible regions such as Fada, Biltine and Oum Chalouba.

From 26 to 28 June, a medical delegate visited the Faya region to carry out a survey of the medical and nutritional situation; in the course of his visit, he distributed some 80 kg of medicines.

In the Ati and Mongo regions (in the Batha and Guera provinces) the level of malnutrition among children necessitated the organization of nutrition centres: between 19 June and 11 July some 177 tons of

foodstuff arrived there by road. These supplies, the gift of WFP (World Food Programme), were to constitute stocks for the nutrition centres for a period of six months, besides providing emergency relief for about 30,000 displaced and needy persons. A system to distribute medicines using existing medical structures was also set up.

## **Zaire**

In May and June, ICRC delegates visited 5 places of detention in Kinshasa, where 130 detainees were held. Relief (foodstuffs, blankets, toilet requisites) was distributed during and after these visits.

On 26 June, the ICRC was also authorized to resume its visits to the places of detention under the authority of the Department of Justice. These visits had been suspended since May at the request of the Zairian authorities. This authorization also covered places of detention administered by the Department of Justice sited in the Shaba and Upper Zaire provinces. Steps are being taken to get the authorization extended to other regions of the country.

The Tracing Agency office of the Kinshasa delegation continued to ensure the transmission of news between detainees and their families: in the first half of this year, it forwarded 350 messages and registered 591 tracing requests.

## **Latin America**

### **Missions from Geneva**

Mr. André Pasquier, ICRC delegate general for Latin America, carried out a mission to El Salvador and Nicaragua, accompanied by Mr. Jean-François Labarthe, delegate in charge of detention problems.

In *El Salvador*, where he stayed from 27 May to 4 June, Mr. Pasquier was received by the new President of the Republic, Mr. Alvaro Magana, to whom he set out a complete panorama of ICRC activities in the country since 1979. The delegate general also met Dr. Moran Castaneda, First Secretary of the Constituent Assembly, General Garcia, Minister of Defence, and Dr. Mendez Azahar, Minister of Justice. The talks mainly centred on the ICRC's protection activities and the problems encountered in carrying out those tasks.

In *Nicaragua*, too, from 5 to 10 June, Mr. Pasquier discussed the problem of protection with the various eminent persons he met, notably Dr. Cordova Rivas, member of the Junta, Mrs. Lea Guido, Minister for Health, Mrs. N. Astorga, Vice-Minister for Foreign Affairs, Dr. Herdocia, Director of the International Organizations Department of the Ministry for Foreign Affairs, and the Director of the National Penitentiary Service.

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Mr. Francis Amar, Chief of the Latin America/Asia Division of the ICRC Central Tracing Agency went on a mission that took him to El Salvador (9 to 16 May) and then to Nicaragua (17 to 21 May). The purpose of his mission was to take stock of tracing activities in the delegations at San Salvador and Managua.

### **Costa Rica**

#### *Opening of a regional delegation*

An ICRC regional delegation was opened at San José, Costa Rica, to co-ordinate programmes for the dissemination of international humanitarian law in Central America and to provide better services, from an operational point of view, for the countries of that region where there is no permanent ICRC delegation, namely Costa Rica, Honduras, Guatemala, Mexico and Panama. Mr. Robert Gaillard-Moret, nominated as regional delegate, took up his new post on 21 May. In Costa Rica, in particular, he will organize a seminar on "State security, human rights and international humanitarian law", which is expected to take place in September, and which will be preceded by a seminar on the training of dissemination personnel, specially intended for Latin American National Societies.

### **El Salvador**

In May and June ICRC relief activities were somewhat reduced, because of floods which prevented access to several villages receiving assistance in the Department of Morazan, and also because of the insecurity prevailing in the conflict zones.

In May, 236 tons of foodstuffs (cost: 38,000 Swiss Francs) were nevertheless distributed with the aid of the Salvadorian Red Cross to some 35,600 displaced persons. About 28,000 of these were in 13 villages

in the Morazan area. But in June, the number of ICRC aid recipients fell to 22,700 and the quantity of relief was only 152 tons.

In the Cacaopera region, the ICRC carried out a special project to help some hundreds of Salvadorian refugees returning from Honduras by constructing shelters for the most deprived among them.

In the medical field, ICRC mobile units continued to hold consultations and provide care in villages in the departments of Cabanas, Chalatenango, Morazan and San Vicente, where displaced persons have taken refuge.

In addition, since it started up in May 1981, the San Salvador blood collection centre has welcomed 1,765 blood donors and has provided free of charge 1,660 units of blood to civilian hospitals and dispensaries throughout the country. It will be recalled that this blood bank was set up and financed by the ICRC and is run jointly by the Salvadorian Red Cross and ICRC.

In the field of protection, ICRC delegates visited and registered 229 new detainees in places of detention in San Salvador and in the provinces.

On average, some 900 persons per month came to the ICRC Tracing Agency offices in San Salvador, Santa Ana and San Miguel to ask for news of their relatives presumed to be detained or reported missing.

## **Nicaragua**

In May and June, ICRC delegates continued their traditional task of visiting persons detained for political or security reasons. They had access to the two principal penitentiary centres of Managua, the Carcel Modelo and the Zona Franca prisons. They visited detainees in Granada, Chinandega, Matagalpa and Ocotal in the provinces, as well as a model farm in the neighbourhood of the capital run by a small number of detainees living in semi-restricted conditions of detention.

An ICRC delegate from Geneva carried out a campaign for the dissemination of international humanitarian law among members of the local branches of the Nicaraguan Red Cross and of the armed forces. A programme spread over several months was drawn up for this purpose.

## **Falklands conflict**

Under the mandate conferred upon it by the Geneva Conventions, the ICRC exercised important protection activities during the Falklands conflict.



Right at the start of the crisis between Argentina and Great Britain, the ICRC had reminded both parties of their obligations and offered its services to act in aid of civilians, sick and wounded combatants, shipwrecked persons and prisoners of war. On 3 May, a team of delegates was ready to leave for the archipelago, but for technical reasons (notably the naval blockade and the lack of means of transport) their arrival on the Falkland Islands was delayed until 9 June.

Soon after the delegates had landed at Port Stanley, the ICRC proposed the establishment of a neutralized zone in the capital. The proposal was accepted by both parties to the conflict on 13 June. As stipulated under Article 15 of the Fourth Geneva Convention relative to the Protection of Civilian Persons in Time of War, this zone was to provide shelter for wounded and sick combatants or non-combatants, and for civilian persons who took no part in hostilities and who, while they resided in the zone, performed no work of a military character. However, the cease-fire was ordered before the proposed neutralized zone could be utilized.

In May and June, the ICRC took part in the repatriation of several groups of prisoners of war. The first operation took place on 13 May: 189 Argentine soldiers and civilians taken prisoner by British troops on South Georgia were flown in an ICRC aircraft from Ascension Island to Montevideo (Uruguay), where they were handed over to representatives of the Argentine Government.

Three ICRC delegates, including a doctor, had previously spoken with these prisoners on board the two vessels that had taken them from South Georgia to Ascension Island. Another Argentine prisoner, captured on South Georgia, who had been detained by the British authorities was visited three times by the ICRC before his release and repatriation on 10 June via Rio de Janeiro.

On 2 June, two delegates from Geneva saw, aboard the British hospital ship "Hecla", 23 Argentine civilians and one Argentine soldier, picked up after the attack on the trawler "Narwal". The ICRC handed these prisoners over to representatives of the Argentine Government when the "Hecla" arrived in Montevideo.

On the same day, an ICRC delegate visited a British pilot rescued off Port Stanley by an Argentine vessel and transferred to the mainland. This prisoner of war was seen on two further occasions before being taken to Montevideo on 8 July, under ICRC auspices, to be handed over to his country's representatives.

On 12 June, a team of six delegates, including two doctors, went on board the British ship "Norland", which was carrying 1013 Argentine

soldiers captured at the battles of Goose Green and Port Darwin. The ICRC saw and registered all the prisoners of war before handing them over to representatives of their country at Montevideo.

Finally, the ICRC assisted the Argentine Red Cross to set up a blood bank where repatriated direct from the Falkland Islands to the mainland (Puerto Madryn, Ushuaia and Baya Blanca) on board British and Argentine ships. The ICRC delegates who took part in four of the five repatriation operations checked the number and identities of the prisoners of war.

There were ICRC representatives present on the Falkland Islands until all the Argentine prisoners of war were repatriated: the last three ICRC delegates still in Port Stanley left on 7 July. A fourth delegate stayed on board the "St. Edmund", on which the last group of prisoners of war (593 men) were being detained, and accompanied them to Puerto Madryn where they were handed over to the Argentine authorities on 14 July.

Thus, during the Falkland Islands conflict, ICRC delegates visited and registered some 11,000 Argentine prisoners of war and one British prisoner of war, and supervised their repatriation.

In addition, during the whole conflict and in conformity with its obligations under the Conventions, the ICRC Central Tracing Agency collected and handed over to the governments of the country of origin all information relating to captured, wounded or killed soldiers and civilians.

Finally, the ICRC assisted the Argentine Red Cross to set up a blood bank and a dozen first aid posts (cost of ICRC aid, about 130,000 Swiss francs), while the League provided material for training Red Cross volunteers at the disposal of the Argentine Red Cross.

## **Asia**

### **Kampuchea**

Having progressively transferred to the League of Red Cross Societies the responsibility for co-ordinating medical assistance, the ICRC, as planned, withdrew from the programme providing ordinary medical assistance to Kampuchea at the end of the first half of 1982. It will, however, continue to provide emergency medical aid in four provinces, Pursat, Battambang, Siem Reap and Kompong Thom, which were particularly hit by the conflict. A substantial stock of emergency medical

supplies has also been constituted, in readiness should the situation deteriorate in any way.

The programme of assistance to orphanages which was begun in 1981 and continued in 1982 had, by the end of the first half of 1982, provided aid to 16 of the 40 orphanages in the country. A request was made to the Phnom Penh authorities for permission to continue the programme in the second half of 1982. It was planned to visit a third group of 8 orphanages in various provinces, which had already been seen and singled out for aid by ICRC delegates.

The negotiations which have been going on for many months with the Kampuchean authorities concerning unaccompanied children in camps in Thailand, with a view to reuniting them with their parents in Kampuchea, have still not produced any results. As the ICRC has not yet obtained the authorities' agreement on the practical procedure for bringing about these reunions, in particular with regard to the preliminary checks to be made, it has been decided that children, concerning whom searches undertaken through the intermediary of the Kampuchean Red Cross had produced positive results, would be so informed. The ICRC delegation in Thailand undertook in June to carry out this task.

## **Thailand**

The relative calm prevailing in the frontier region in May and June led to a diminution of the ICRC's medical activities. On the other hand, the delegation intensified its activities in the field of protection.

The ICRC continued to make numerous attempts to find a solution to the problem of the Vietnamese refugees in camp "NW82", at Nong Samet, by approaching the Thai authorities, the representatives of potential countries of asylum and the Office of the United Nations High Commissioner for Refugees. At the end of June, however, the situation remained unchanged, and the camp, which had been designed to hold 800 persons, was providing shelter for some 1,800 Vietnamese refugees.

The ICRC also continued to visit and register detainees in the places of detention at the frontier, at Phnom Chat and Nong Chan. With the agreement of the authorities of Democratic Kampuchea, about a hundred Vietnamese who had been assigned to forced residence were transferred from Phnom Chat to Samet. On 4 June, delegates for the first time had access to the section called "garderie" of the Samet camp, with the agreement in principle of the President of the National Liberation Front of the Khmer People (NLFKP).

Weekly visits to the Thai military prison of Aranyaprathet continued as in previous months.

Following the fighting conducted by the NLFKP against Khmer-Vietnamese troops, the civilian population of the villages in the Sokh Sann region, under Khmer Serei control, had fled to take refuge on Thai territory about 8 km from the frontier. Three months later, on 18 June, these civilians returned to Cambodian territory.

The ICRC is concerned about the fate of these displaced persons but has not obtained authorization from the Thai authorities to visit them. It has, however, maintained various contacts, both in Thailand and in Geneva, to try to obtain an improvement in the condition of the Sokh Sann people.

#### *Traditional activities*

Following visits made between mid-February and the end of April to centres administered by the Internal Security Operations Command, the ICRC delegation in Bangkok took steps to obtain permission also to visit persons detained in centres administered by the Ministry of the Interior. In June, the delegation received the oral agreement of the Minister for Foreign Affairs that in principle such visits would be authorized and it is awaiting official confirmation.

#### **Refugees in South-East Asia**

The ICRC regional delegate in the Far East, Mr. J.-F. Olivier, and two officers of the Central Tracing Agency in Geneva, Mr. F. Amar and Mrs. A. Ischer, took part in a seminar held in Manila, from 21 to 25 June, intended for the heads of the various Agency offices in South-East Asia. Participants from the Red Cross Societies of the Philippines, Singapore, Indonesia, Malaysia and Thailand, from the Hong Kong branch of the British Red Cross and from the Macao branch of the Portuguese Red Cross met for this working session, the main object of which was to co-ordinate more efficiently their activities in tracing and re-uniting families of Vietnamese refugees.

#### **Philippines**

Between 20 April and 15 June, three teams of two delegates paid a general visit to places of detention in the Philippines. This round of visits covered 43 places of detention, in which 913 persons, of whom 340 belonged to the category of public order violators, were visited.

### **Indonesia and East Timor**

During a mission carried out in June by Mr. J. de Courten, ICRC delegate general for Asia, the Indonesian authorities gave their agreement for a new series of visits to be made to places of detention in Indonesia. These visits will take place in October 1982.

#### *Activities in East Timor*

The food and medical assistance programme for displaced persons on Atauro Island, which started on 28 April last, continued in May and June. This six-month emergency programme was set up and is carried out in co-operation with the Indonesian Red Cross.

At the time of the delegate general's mission, in June, the ICRC team accompanied by a representative of the National Society went to assess the situation in a dozen villages on the islands of Timor and Atauro. It was decided to provide extra aid, in the form of food, to the inhabitants of half a dozen villages in Timor also.

The Indonesian authorities confirmed to the ICRC that the programme for re-uniting the close members of families dispersed in Timor, Portugal and Australia was to be carried out soon. On 30 June, the first family (4 persons) arrived at Lisbon, and other cases of people going to Portugal and Australia were being prepared. Moreover, the ICRC has also been mandated by Portugal and Indonesia to repatriate several Portuguese families who had been unable to leave Timor since 1975. These repatriations will be carried out as soon as the programme for re-uniting close relatives is sufficiently advanced, that is to say, in the second half of 1982.

### **Afghanistan**

On 28 May, three Soviet nationals who had been captured in Afghanistan were transferred to Switzerland. The ICRC negotiated, organized and secured their transit through Pakistan and their transfer to Switzerland. The Swiss authorities accepted to take responsibility temporarily for keeping them and all parties concerned agreed to this procedure which was in conformity by analogy with the provisions of the Third Geneva Convention (specifically Article 111).

On 3 June, three ICRC delegates, one of them a doctor, visited for the first time the Soviet internees in their place of internment in Switzerland. The report of this visit was sent to the Swiss Federal authorities as well as to the Permanent Mission of the USSR at Geneva.

## **Pakistan**

In June, Mr. D. Delapraz replaced Mr. J.-M. Monod at the head of the ICRC delegation in Pakistan.

In the medical field, the ICRC surgical hospital at Peshawar registered a record number of admissions in June when more than 160 wounded, including 25 in a single 48-hour period, were brought in. The situation continued to be under control and it has not been found necessary to strengthen the hospital's infrastructure. The ICRC continued its activities in the centre for war paraplegics, which is in an annex to the hospital, and in the artificial limb workshop. The workshop's production dropped in May and June, as there were fewer patients.

## **Middle East**

### **Lebanon**

In May, during a period of relative calm, there were violent clashes in Tripoli between armed units of various Lebanese parties. The delegation kept a close watch on the situation and provided the Lebanese Red Cross with blood and medical kits to help it tend the numerous casualties.

The air raids by Israel, followed by the Israeli army invasion of Lebanon as from 6 June, caused a serious deterioration in the general situation and radically transformed the ICRC's activities in Lebanon.

ICRC delegates in the field immediately provided blankets and food for the civilian inhabitants fleeing the combat zones. The ICRC delegation also took part in the evacuation of the wounded and provided hospitals run by the Lebanese Red Cross, the "Palestinian Red Crescent" and the Lebanese Ministry of Health with medical kits and medicaments.

On 9 June, the ICRC in Geneva despatched more delegates to Lebanon. It was clear that priority had to be given to providing medical assistance. On 10 June, the ICRC sent out an appeal to National Societies asking for first aid teams and surgical teams. Three days later a Finnish and a Norwegian medical team reached Saida; two others, one from Sweden and the other from West Germany, arrived in the Bekaa area.

From 11 to 23 June, Dr. R. Russbach, ICRC chief medical officer, went round all the areas affected by the hostilities in Lebanon (South Lebanon, Beirut and Bekaa) in order to discover as quickly as possible what the needs were. He found that the most important task in the

medical field was to give aid to organizations such as the Lebanese Red Cross and the "Palestinian Red Crescent", to provide basic medical care to the civilian population, and to open dispensaries wherever they were required. In addition, emergency centres had to be established in West Beirut. To achieve this, the ICRC distributed substantial quantities of medical equipment, medicaments and blood to hospitals and medical centres. By 30 June, 49 tons of medical assistance had been distributed.

The dispatch of relief required the rapid deployment of means of transport: Larnaca (Cyprus), Damascus and Tel Aviv were immediately designated as logistical bases. Supplies were brought to those towns by air and stored there until they were sent on by road, from Damascus to the Bekaa valley and to West Beirut, and from Tel Aviv to South Lebanon. From Larnaca, aid was sent by air to Tel Aviv and Damascus, and by boat, at first to Haifa and later to Jounieh.

From 11 June, when the relief action really got started, until 30 June, 33 aircraft and 2 boats carried a total of 1550 tons of relief supplies and 250 tons of medical equipment and medicines to Cyprus, to be forwarded to Lebanon. At 30 June, a total of 1051 tons had arrived in Lebanon; 391 tons had been distributed (including the 49 tons of medical supplies mentioned above), either to displaced persons direct or to hospitals and dispensaries.

Such a wide range of activities called for additional medical personnel and also for a considerable increase in the number of delegates in the region. While in May there were only 9 delegates in Lebanon, by 11 June ICRC staff working in Lebanon, Cyprus and Damascus numbered 29 persons, and on 17 June there were 57 delegates in Lebanon alone (including the medical personnel sent by the National Societies). At the end of June, there were 55 delegates and 19 members of medical teams sent by National Societies working throughout Lebanon, and in Damascus, Larnaca and Tel Aviv.

One of the ICRC's major concerns was to ensure the protection both of the civilian population and of combatants taken by the various forces engaged in the conflict. On 7 June, the ICRC appealed to the combatants, reminding them of their obligations under the international humanitarian law in force. It asked them, in particular, to respect the sick and the wounded, as well as all persons put out of the fighting; to refrain, in all cases, from launching attacks on the civilian population or from using civilians for military purposes; to take all necessary measures to spare civilians and civilian property, and in all circumstances to facilitate the accomplishment of the humanitarian mission of ICRC delegates and medical personnel. On that same day, the

Palestine Liberation Organization (PLO) made it officially known that it had decided to apply the provisions of the Geneva Conventions of 1949 and its Additional Protocol I of 1977.

Again, on 9 June, the ICRC appealed firmly and solemnly to Israel, demanding that all possible steps should be taken to spare civilians of all nationalities in the Lebanon conflict, particularly in the fighting in Beirut.

Throughout June, the ICRC continued its discussions with the various forces in opposition, to obtain notification of captures and the authorization to visit combatants who had been taken prisoner. Until 30 June, the delegates had been able to see only 33 Syrian soldiers and 18 Palestinians who had fallen into Israeli hands. They were all sick or wounded and were being cared for in hospitals. These wounded men filled in family messages which the ICRC undertook to forward.

### **Conflict between Iraq and Iran**

Mr. J. Hoefliger, ICRC delegate general for the Middle East, accompanied by two delegates, one of whom was a jurist, carried out a mission to study the possibility of organizing family visits to prisoners of war. Between 27 April and 15 May, they went to Kuwait (which would be the transit country for the families), Iraq and Iran. The delegate general's task was to draft a document regulating procedures, to be approved by all parties, and to assess the preparatory arrangements.

Two missions were carried out with the object of protecting the civilian populations: on 15 May, the ICRC delegates stationed in Baghdad visited the Qasr-I-Shirin region, which they had already seen in October 1981. From 13 to 15 June, the head of the ICRC Teheran delegation went to certain areas near the front, more particularly to Khorramshahr, Abadan, Hoveyzeh and Ilam.

In May and June, the Teheran delegation visited and registered Iraqi prisoners of war captured in the region of Suze and Dezful during the offensive at the end of March. By the end of June, some 7,000 prisoners had been registered and more were still to be seen. From 21 to 24 June, ICRC delegates also visited prisoners of war who were being cared for in hospitals.

In Iraq, from 22 May to 1 June, a further visit was made to the Mosul, Ramadi and Anbar camps. A fourth camp opened in June, also at Mosul, was visited from 15 to 19 June. A total of 3882 Iranian prisoners were seen during these visits, in addition to 30 others who were visited in hospitals.



## Europe

### Delegate general's missions

From 2 to 5 June, Mr. Frank Schmidt, ICRC delegate general for Europe and North America, carried out a mission to *Turkey* where he discussed various humanitarian problems with representatives of the authorities.

On 8 June, Mr. Schmidt went to *Spain* where he met at the Ministry for Justice Mr. Enrique Galavis, director general of penitentiary institutions. The talks particularly concerned the ICRC's offer to undertake a new series of visits to detainees arrested or convicted for acts of terrorism (the ICRC had had access to this category of detainees in May-June 1981). The authorization for such visits was granted in principle, while the procedure was to be fixed at a later stage.

Mr. Schmidt also accompanied the President of the ICRC to *Poland* from 21 to 25 June.

### Poland

#### *ICRC President's mission*

From 21 to 25 June, Mr. Alexandre Hay, President of the ICRC, accompanied by Mr. Frank Schmidt, ICRC delegate general for Europe and North America, and Miss Michèle Mercier, head of the ICRC Press Division, went on a mission to Poland at the invitation of the Polish Red Cross.

The purpose of this mission was to review with the Polish authorities and the Polish Red Cross all the various questions concerning International Red Cross work in the country. In his talks with government authorities, Mr. Hay raised, among other matters, the question of extending ICRC protection activities to persons arrested and sentenced under martial law.

#### *Appeal for funds*

On 12 May, the ICRC and the League of Red Cross Societies launched an appeal for funds (the second since the humanitarian programme began in December 1981) to raise 40.2 million Swiss francs to finance International Red Cross programmes in Poland for the period 1 May to 31 October 1982. At the end of June, contributions in cash and in kind, received or promised, unfortunately amounted only to

6.6 million Swiss francs, obliging the ICRC, League and Polish Red Cross to work out new priorities in the different sectors of relief work.

*Activities of the Warsaw delegation*

In June, ICRC delegates ended their second series of visits to places of internment: they had had access, in conformity with standard ICRC procedures, to 2751 internees, held in 22 centres. In the same period, six internment centres holding 805 persons were visited for the third time since the start of the ICRC protection activities, on 21 January 1982. With the aid of the Polish Red Cross, parcels containing toilet articles were distributed to the internees during all these visits.

In the course of these visits, the ICRC delegates requested the release, on medical grounds, of a number of internees, and recommended special medical treatment for others. They also drew the attention of the authorities and of the Polish Red Cross to a certain number of welfare cases requiring assistance.

Between 20 April and 22 May, an ICRC medical delegate went round sixteen provincial and district hospitals to check on the use made of the various "hospital kits" delivered by the International Red Cross and to assess needs for the next budgetary period (1 May to 31 October 1982). It may be recalled that this project, which was planned jointly by the League and the ICRC, enabled hospital establishments to be supplied with the medicines and medical equipment for their normal requirements. The "hospital kits" were distributed by donor National Societies direct to the hospitals. As it was found that this form of assistance met a real need and proved to be very useful, it was decided to make further distributions to 508 hospitals. The cost of the operation is estimated at two million Swiss Francs.

Aid, in the form of parcels of food and toilet articles, continued to be provided to the most vulnerable categories of civilians: new-born babies and their mothers, young children, sick and handicapped aged people. In June, the delegates responsible for the joint League/ICRC relief programme visited the provinces of Gdansk, Szczecin, Lenzo, Legnica, Lublin, Rzeszow and Konin, where they were able to establish that the distribution network was working well.

The Central Tracing Agency, in co-operation with the Polish Red Cross, continued to forward news of families in Poland and elsewhere. In the first six months of this year, 3,425 messages were sent to Poland and 3,127 replies were received in return. The volume of incoming and outgoing messages was, however, smaller in May and June, following the re-establishment of the postal link between Poland and abroad.

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## MISCELLANEOUS

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### STATES PARTIES TO THE GENEVA CONVENTIONS OF 12 AUGUST 1949

*as at 30 June 1982*

Below we give the list, drawn up in chronological order, of the States which are parties to the Geneva Conventions of 12 August 1949, as a result of ratification, accession or a declaration of succession deposited with the Swiss Government before 30 June 1982.

The names of the States are shown in abbreviated form; sometimes the official name of the State may differ from that given in our list. The number in the left-hand margin has no special significance, and has been placed there merely to facilitate reference.

The third column contains the official date of ratification, accession or declaration of succession, while the letter in the fourth column indicates the type of official act received in Berne: R = ratification, A = accession, S = declaration of succession.

A declaration of succession is a statement made by a newly independent country that it continues from the first day of its independence to be bound by the Geneva Conventions previously applied in that country by virtue of the ratification or accession of the State from which it has become independent. The date following the letter S in the fourth column is the date on which the declaration of succession took effect.

The word "Reservations" in the last column means that the signatory State has made reservations as to the application of the Geneva Conventions on its territory.

The second list given below shows the States parties to the Conventions in alphabetical order. The number following the name of the State indicates its position in the chronological list.

		OFFICIAL DATES OF RATIFICATIONS, ACCESSIONS OR DECLARATIONS OF SUCCESSION	FORM OF OFFICIAL ACT DEPOSITED AT BERNE	RESERVA- TIONS FORMULATED	
1950					
1	Switzerland	21 March	R	Reservations	
2	Yugoslavia	21 April	R		
3	Monaco	5 July	R		
4	Liechtenstein	21 September	R		
5	Chile	12 October	R		
6	India	9 November	R	Reservations	
7	Czechoslovakia	19 December	R		
1951					
8	Vatican	22 February	R	Reservations	
9	Philippines, Conv. I	7 March	R		
	Conv. II, III, IV	6 October (1952)	R		
10	Lebanon	10 April	R		
11	Jordan	29 May	A		
12	Pakistan	12 June	R		
13	Denmark	27 June	R		
14	France	28 June	R		
15	Israel	6 July	R		
16	Norway	3 August	R		
17	Italy	17 December	R	Reservations	
1952					
18	Rep. of South Africa	31 March	A		
19	Guatemala	14 May	R		
20	Spain	4 August	R		
21	Belgium	3 September	R		
22	Mexico	29 October	R		
23	Egypt	10 November	R		
1953					
24	Japan	21 April	A		
25	El Salvador	17 June	R		
26	Luxembourg	1 July	R		
27	Austria	27 August	R		
28	San Marino	29 August	A		
29	Syria	2 November	R		
30	Nicaragua	17 December	R		
31	Sweden	28 December	R		

#### 1954

32	Turkey	10 February	R	
33	Liberia	29 March	A	
34	Cuba	15 April	R	
35	U.S.S.R.	10 May	R	Reservations
36	Romania	1 June	R	Reservations
37	Bulgaria	22 July	R	Reservations
38	Ukraine	3 August	R	Reservations
39	Byelorussia	3 August	R	Reservations
40	Netherlands	3 August	R	Reservations
41	Hungary	3 August	R	Reservations
42	Ecuador	11 August	R	
43	Fed. Rep. of Germany	3 September	A	
44	Poland	26 November	R	Reservations
45	Thailand	29 December	A	

#### 1955

46	Finland	22 February	R	
47	United States of America	2 August	R	Reservations

#### 1956

48	Panama	10 February	A	
49	Venezuela	13 February	R	
50	Iraq	14 February	A	
51	Peru	15 February	R	
52	Libya	22 May	A	
53	Greece	5 June	R	
54	Morocco	26 July	A	
55	Argentina	18 September	R	
56	Afghanistan	26 September	R	
57	Laos	29 October	A	
58	Dem. Rep. of Germany	30 November	A	Reservations
59	People's Rep. of China	28 December	R	Reservations

#### 1957

60	Iran	20 February	R	
61	Haiti	11 April	A	
62	Tunisia	4 May	A	
63	Albania	27 May	R	Reservations
64	Viet Nam	28 June	A	Reservations
65	Brazil	29 June	R	
66	Dem. People's Rep. of Korea	27 August	A	Reservations
67	United Kingdom	23 September	R	
68	Sudan	23 September	A	

**1958**

69	Dominican Rep.	22 January	A
70	Ghana	2 August	A
71	Indonesia	30 September	A
72	Australia	14 October	R
73	Cambodia	8 December	A
74	Mongolia	20 December	A

**1959**

75	Sri Lanka Conv. IV	23 February	A
	Conv. I, II, III	28 February	R
76	New Zealand	2 May	R

**1960**

77	Algeria	20 June	A
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**1961**

78	Zaire	20 February	S — as from 30. 6.60	Reservations
79	Portugal	14 March	R	
80	Nigeria	9 June	S — as from 1.10.60	
81	Paraguay	23 October	R	
82	Upper Volta	7 November	S — as from 5. 8.60	
83	Colombia	8 November	R	
84	Benin	14 December	S — as from 1. 8.60	
85	Ivory Coast	28 December	S — as from 7. 8.60	

**1962**

86	Togo	6 January	S — as from 27. 4.60
87	Cyprus	23 May	A
88	Somalia	12 July	A
89	Malaysia	24 August	A
90	Ireland	27 September	R
91	Mauritania	27 October	S — as from 28.11.60
92	Tanzania	12 December	S — as from 9.12.61

**1963**

93	Senegal	23 April	S — as from 20. 6.60
94	Trinidad and Tobago Conv. I	17 May	A
	Conv. II, III, IV	24 September	A
95	Saudi Arabia	18 May	A
96	Madagascar	13 July	S — as from 26. 6.60
97	Cameroon	16 September	S — as from 1. 1.60

## 1964

98	Nepal	7 February	A	
99	Rwanda	21 March	S — as from	1. 7.62
100	Niger	16 April	S — as from	3. 8.60
101	Uganda	18 May	A	
102	Jamaica	17 July	S — as from	6. 8.62

## 1965

103	Gabon	20 February	S — as from	17. 8.60
104	Canada	14 May	R	
105	Mali	24 May	A	
106	Sierra Leone	31 May	S — as from	27. 4.61
107	Iceland	10 August	A	
108	Honduras	31 December	A	

## 1966

109	Central African Rep.	1 August	S — as from	13. 8.60	
110	Rep. of Korea	16 August	A		Reservations
111	Kenya	20 September	A		
112	Gambia	11 October	S — as from	18. 2.65	
113	Zambia	19 October	A		

## 1967

114	Congo (Brazzaville)	30 January	S — as from	15. 8.60	
115	Kuwait	2 September	A		

## 1968

116	Malawi	5 January	A		
117	Botswana	29 March	A		
118	Lesotho	20 May	S — as from	4.10.66	
119	Guyana	22 July	S — as from	26. 5.66	
120	Malta	22 August	S — as from	21. 9.64	
121	Barbados	10 September	S — as from	30.11.66	

## 1969

122	Uruguay	5 March	R		Reservations
123	Ethiopia	2 October	R		
124	Costa Rica	15 October	A		

## 1970

125	Yemen Arab Rep.	16 July	A		
126	Chad	5 August	A		
127	Mauritius	18 August	S — as from	12. 3.68	

<b>1971</b>			
128	Fiji	9 August	S — as from 10.10.70
129	Bahrain	30 November	A
130	Burundi	27 December	S — as from 1. 7.62
<b>1972</b>			
131	Bangladesh	4 April	S — as from 26. 3.71
132	United Arab Emirates	10 May	A
<b>1973</b>			
133	Singapore	27 April	A
134	Swaziland	20 June	A
<b>1974</b>			
135	Oman	31 January	A
136	Guinea Bissau	21 February	A
<b>1975</b>			
137	Bahamas	11 July	S — as from 10. 7.73
138	Qatar	15 October	A
<b>1976</b>			
139	Sao Tome and Principe	21 May	A
140	Papua New Guinea	26 May	S — as from 16. 9.75
141	Suriname	13 October	S — as from 25.11.75
142	Bolivia	10 December	R
<b>1977</b>			
143	People's dem. Rep. of Yemen	25 May	A
<b>1978</b>			
144	Djibouti Conv. I	26 January	S — as from 27. 6.77
	Conv. II, III, IV	6 March	S — as from 27. 6.77
145	Tonga	13 April	S — as from 4. 6.70
<b>1981</b>			
146	Tuvalu	19 February	S — as from 1.10.78
147	St. Vincent and the Grenadines	1 April	A
148	Grenada	13 April	S — as from 7. 2.74
149	Solomon Islands	6 July	S — as from 7. 7.78
150	Saint Lucia	18 September	S — as from 22. 2.79
151	Commonwealth of Dominica	28 September	S — as from 3.11.78

On 30 June 1982, 151 States were parties to the Geneva Conventions of 12 August 1949.



## ALPHABETICAL LIST

Afghanistan	56	Germany (Fed. Rep.)	43	Nepal	98
Albania	63	Ghana	70	Netherlands	40
Algeria	77	Greece	53	New Zealand	76
Argentina	55	Grenada	148	Nicaragua	30
Australia	72	Guatemala	19	Niger	100
Austria	27	Guinea Bissau	136	Nigeria	80
		Guyana	119	Norway	16
Bahamas	137				
Bahrain	129	Haiti	61	Oman	135
Bangladesh	131	Holy See	8		
Barbados	121	Honduras	108	Pakistan	12
Belgium	21	Hungary	41	Panama	48
Benin	84			Papua New Guinea	140
Bolivia	142	Iceland	107	Paraguay	81
Botswana	117	India	6	Peru	51
Brazil	65	Indonesia	71	Philippines	9
Bulgaria	37	Iran	60	Poland	44
Burundi	130	Iraq	50	Portugal	79
Byelorussia	39	Ireland	90		
		Israel	15	Qatar	138
Cambodia	73	Italy	17		
Cameroon	97	Ivory Coast	85	Romania	36
Canada	104			Rwanda	99
Central African Rep.	109	Jamaica	102		
Chad	126	Japan	24	San Marino	28
Chile	5	Jordan	11	Saint Lucia	150
China (People's Rep.)	59			St. Vincent & the Grenadines	147
Colombia	83	Kenya	111	Salvador	25
Congo (Brazzaville)	114	Korea	66	Sao Tome & Principe	139
Costa Rica	124	(Dem. People's Rep.)		Saudi Arabia	95
Cuba	34	Korea (Rep.)	110	Senegal	93
Cyprus	87	Kuwait	115	Sierra Leone	106
Czechoslovakia	7			Singapore	133
		Laos	57	Solomon Islands	149
Denmark	13	Lebanon	10	Somalia	88
Djibouti	144	Lesotho	118	South Africa	18
Dominica		Liberia	33	Spain	20
(Commonwealth of)	151	Libya	52	Sri Lanka	75
Dominican Rep.	69	Liechtenstein	4	Sudan	68
		Luxembourg	26	Suriname	141
Ecuador	42			Swaziland	134
Egypt	23	Madagascar	96	Sweden	31
Ethiopia	123	Malawi	116	Switzerland	1
		Malaysia	89	Syria	29
Fiji	128	Mali	105		
Finland	46	Malta	120	Tanzania	92
France	14	Mauritania	91	Thailand	45
		Mauritius	127	Togo	86
Gabon	103	Mexico	22	Tonga	145
Gambia	112	Monaco	3	Trinidad and Tobago	94
German (Dem. Rep.)	58	Mongolia	74	Tunisia	62
		Morocco	54		

Turkey	32	Upper Volta	82	Yemen Arab Republic	125
Tuvalu	146	Uruguay	122	Yemen	143
		U.S.A.	47	(People's Dem. Rep.)	
Uganda	101	U.S.S.R.	35	Yugoslavia	2
Ukraine	38				
United Arab Emirates	132	Venezuela	49	Zaire	78
United Kingdom	67	Viet Nam	64	Zambia	113

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## Round Tables in San Remo on the Refugee Phenomenon

In June 1981 and April 1982 the International Humanitarian Law Institute organized two Round Tables in San Remo on the refugee problems. The subjects discussed were complementary: in 1981 participants examined the problems caused by the arrival *en masse* of people seeking asylum; in 1982 they studied the circumstances leading to the massive displacement of refugees.

The starting-point of the 1982 Round Table discussions was the fact that up till then discussions had almost exclusively concentrated on situations of mass exodus both past and present in order to bring aid to the victims. That had been the focal point of the 1981 Round Table discussions. However, it was considered high time to tackle the causes of these displacements of people, which are, primarily, violation of human rights, armed conflicts, foreign occupation and socio-economic factors.

The debates of the San Remo Round Tables were in line with the general concern apparent in the world with regard to the refugee problem. In recent years a number of proposals have in fact been made to the UN concerning international co-operation to prevent new flows of refugees, human rights and mass exodus, reinforcing the United Nations system for coping with natural disasters and other situations of a similar nature,

the new international humanitarian order, temporary refuge for hordes of people seeking asylum.

The San Remo discussions also dealt with the rôle of existing organizations in finding a solution to this problem. The general opinion seemed to be that existing organizations were sufficient and there was no need to set up a new one. On the other hand, it would appear that not enough use was made of the existing machinery which should be improved by a number of measures, for example: reaffirming the principles relevant to the treatment of refugees; creation of an early warning system charged with collecting objective information and detecting situations liable to lead to a mass exodus (fact-finding and monitoring); recourse to the good offices of the UN Secretary-General who could nominate a special representative.

About twenty persons from governments and governmental or non-governmental organizations took part in each of these Round Tables; there were jurists specializing in refugee law and ICRC delegates, whose presence allowed for a reaffirmation of the value of international humanitarian law. Those present took part in the meetings in their personal capacities.

The protection of refugees during armed conflicts will also appear on the agenda of the next annual Round Table of the International Humanitarian Law Institute, to be held in San Remo in September 1982.

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## BOOKS AND REVIEWS

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### THE CENTRAL TRACING AGENCY OF THE INTERNATIONAL COMMITTEE OF THE RED CROSS <sup>1</sup>

As extensive as it is detailed, Mr. Gradimir Djurović's study of the Central Tracing Agency, from its distant beginnings to the present day, is of immense value and has the merit of filling a great gap. In fact, no one previously had given such a conspectus of the development of the Agency in its historical context, showing us all the stages of this long journey, the many achievements in the field of humanitarian law and, a no less important aspect, the continual evolution of its work methods.

Mr. Djurović describes the first Agency in Basle, set up by the International Committee of the Red Cross during the Franco-Prussian War of 1870-71. This first improvised Agency quickly left behind it the inevitable phase of groping and enlarged and strengthened its work, which already contained in embryo the future activities of the Central Tracing Agency.

The author then proceeds with a very pertinent analysis of the organization and achievements of the International Prisoners of War Agency which, under the auspices of the ICRC, was in operation throughout the First World War. Without then being able to invoke the legal grounds on which the Central Prisoners of War Agency was later based, the 1914-18 Agency developed its methods of investigation and registration, quickly extended its field of intervention, and, to some extent, created a humanitarian doctrine which is still remarkably up-to-date.

Mr. Djurović then devotes a considerable section of his work to the Central Prisoners of War Agency, set up by the ICRC from the very beginning of the Second World War, and to the enormous amount of work which befell the Agency during the years 1939-45.

The Central Prisoners of War Agency has continued to function without a break since 1939, accomplishing work of increasing complexity,

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<sup>1</sup> Gradimir Djurović: *L'Agence centrale de recherches du Comité international de la Croix-Rouge*. Preface by Jacques Freymond, former Vice President of the ICRC. Henry Dunant Institute, Geneva, 1981. 300 pp. (in French).

resulting from the numerous conflicts of all kinds which have succeeded one another during these last three to four decades. Since 1960, it is known by its new name of Central Tracing Agency. Despite these successive changes in name, the present Agency, as is apparent from Mr. Djurović's comparative study, in fact remains faithful to the spirit which moved the pioneers of Basle. Now, as then, the Agency's prime duty is to endeavour at all costs to put an end to the moral suffering, the anxiety, which tortures families who are ignorant of the fate of those dearest to them.

Initiated without legal foundation, the Agency, whose beneficial rôle has the backing of the Red Cross movement and is recognized by the international community, has been underpinned, since 1929, by the provisions of the Geneva Conventions, enlarged in 1949 and supplemented by the 1977 Protocol I. These provisions, for the most part based on the Agency's observations and experiences, are the legal grounds for the Agency's existence and work.

Confronted as it is day after day with all the moral suffering engendered by situations of conflict of increasing complexity, and being brought into close contact with the most painful realities of the individual cases it deals with, the Agency has always had to carry out its work unceasingly and endeavour to find new ways of fully accomplishing its mission. It continues doing so today. Its efforts to that end constitute a valuable contribution to affirming and developing humanitarian principles.

Thanks to the work of Mr. Djurović, readers will be able to understand the very life of the Agency, to distinguish its key elements and to follow the thread of continuity in the very fabric of its evolution. The author's greatest merit, all things considered, is surely to have brought out the perennality of the Agency throughout the history of a world thrown into confusion by the increasing pace of profound change.

*Monique Katz*

*Former Deputy Director of  
the Central Tracing Agency*

## HUMANITY IN WARFARE <sup>1</sup>

Mr. Best's book, published a little more than a year ago, is a most interesting and comprehensive introduction to that very specific area of international public law, international humanitarian law. The book examines the historical, philosophical, psychological and, of course, legal aspects of a paradoxical concern old as humanity itself: to limit as far as possible the suffering that men decide to inflict mutually upon themselves.

The book by Mr. Best contains extremely interesting details, from which emerges an overall view of the historical movement leading up to contemporary international humanitarian law.

The book is structured on this chronological perspective, the introduction giving an initial outline. First, Mr. Best analyses the contribution of the fathers of international public law — especially that of its publicists—to the first hesitant expression of the law of war. He then tackles the phenomenon of great modern wars ("revolutionary, national and popular") brought to Europe by the Napoleonic era. One whole subsequent chapter is devoted to the logical result of this conception of armed conflict: total war, against which a multitude of thinkers and jurists have tried, and are still trying, to erect some barriers.

The last part of the work examines in detail recent developments in international humanitarian law, in particular the two Protocols additional to the Geneva Conventions, adopted in 1977 at Geneva.

Lack of space prevents reference to all the numerous trains of thought in which this voluminous work abounds, but some can be mentioned; for example, some very interesting remarks on the psychological basis for the rejection of the law of war by various military men. Such reflections (pp. 22-25) are sufficiently rare to be worth singling out: "I find myself repeatedly surprised and saddened, and sometimes rather shocked, by the neglect of the law of war element in so much military writing; memoirs, biography, history alike" (p. 24).

There are also pertinent comments on the crucial role of the sovereignty of States with regard to the application of humanitarian law: "States' insistence on the plenitude of their sovereign rights has been the mightiest obstacle, and international humanitarian law is only one of the many branches of international law (...) kept weak and undeveloped as a result" (p. 323).

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<sup>1</sup> Geoffrey Best: *Humanity in Warfare. The Modern History of the International Law of Armed Conflicts*. Weidenfeld and Nicholson, London (1980). 400 pp. Price: 15 Pounds. Text in English only.

This extremely objective book by Mr. Best is likely to be of great interest to jurists inclining towards philosophy and historical research, though it may be rather heavy going for the general non-specialist reader.

*J. J. Surbeck*

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LE TROISIÈME COMBATTANT  
WARRIOR WITHOUT WEAPONS  
Dr. JUNOD'S BATTLE

In 1947, Dr. Marcel Junod published, in French, his memoirs covering the ten years from 1935 to 1945 during which, as a delegate of the ICRC, he carried out missions in several parts of the world. From the mustard gas in Abyssinia to the atomic bomb of Hiroshima—as the sub-title of the book in the original French text indicates—including the Civil War in Spain and the Second World War, from Poland to Japan, Dr. Junod gives an account of his humanitarian activities during one of the worst periods of modern history. With moving simplicity he relates some terrible events, but in his narrative he succeeds to put a gleam of hope and the warmth of his human feeling.

This is not a new book, but it has lost nothing of its interest with the passing of time. It was first published in French <sup>1</sup> as we have just said, in 1947, with a foreword by Max Huber, former ICRC president. It was re-issued in 1963 on the occasion of the Red Cross centenary, with a preface by Léopold Boissier, who was then president of the ICRC.

The English translation by Edward Fitzgerald, was first published in 1951 with the title “Warrior Without Weapons”.<sup>2</sup> This English version has been reprinted in 1982 by the ICRC with the kind permission of the first publisher.

The book was translated also into Japanese and published in 1981 by Mikimasa Maruyama, a professor at the Institute for the Science of Peace at Hiroshima University. The Japanese title translated into English is: “Dr. Junod’s Battle—From the poison gas in Ethiopia to the atomic bomb of Hiroshima”, and the foreword is by Michel Testuz, former ICRC delegate in Hiroshima and Japan, now chief editor of *International Review*.

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<sup>1</sup> Dr. Marcel Junod: *Le troisième combattant*. Payot, Paris, 1947 and 1963.

<sup>2</sup> Dr. Marcel Junod: *Warrior Without Weapons*. Jonathan Cape Ltd. London, 1951. Second edition: ICRC, Geneva, 1982.

<sup>3</sup> “Dr. Junod’s Battle—From the poison gas in Ethiopia to the atomic bomb of Hiroshima”, Keisôshôbô, Tôkyô, 1981.

## ADDRESSES OF NATIONAL SOCIETIES

- AFGHANISTAN** (Democratic Republic) — Afghan Red Crescent, Pulī Artan, *Kabul*.
- PEOPLE'S SOCIALIST REPUBLIC OF ALBANIA** — Albanian Red Cross, 35, Rruga e Barrikadave, *Tirana*.
- ALGERIA** (Democratic and People's Republic) — Algerian Red Crescent Society, 15 bis, Boulevard Mohamed V, *Algiers*.
- ARGENTINA** — Argentine Red Cross, H. Yrigoyen 2068, 1089 *Buenos Aires*.
- AUSTRALIA** — Australian Red Cross, 206, Clarendon Street, *East Melbourne 3002*.
- AUSTRIA** — Austrian Red Cross, 3 Gusshausstrasse, Postfach 39, *Vienna 4*.
- BAHAMAS** — Bahamas Red Cross Society, P.O. Box N 91, *Nassau*.
- BAHRAIN** — Bahrain Red Crescent Society, P.O. Box 882, *Manama*.
- BANGLADESH** — Bangladesh Red Cross Society, 34, Bangabandhu Avenue, *Dacca 2*.
- PEOPLE'S REPUBLIC OF BENIN** — Red Cross of Benin, B.P. 1, *Porto Novo*.
- BELGIUM** — Belgian Red Cross, 98 Chaussée de Vleurgat, 1050 *Brussels*.
- BOLIVIA** — Bolivian Red Cross, Avenida Simón Bolívar, 1515, *La Paz*.
- BOTSWANA** — Botswana Red Cross Society, Independence Avenue, P.O. Box 485, *Gaborone*.
- BRAZIL** — Brazilian Red Cross, Praça Cruz Vermelha 10-12, *Rio de Janeiro*.
- BULGARIA** — Bulgarian Red Cross, 1, Boul. Biruzov, *Sofia 27*.
- BURMA** (Socialist Republic of the Union of) — Burma Red Cross, 42 Strand Road, Red Cross Building, *Rangoon*.
- BURUNDI** — Red Cross Society of Burundi, rue du Marché 3, P.O. Box 324, *Bujumbura*.
- CAMEROON** — Cameroon Red Cross Society, rue Henry-Dunant, P.O.B. 631, *Yaoundé*.
- CANADA** — Canadian Red Cross, 95 Wellesley Street East, *Toronto, Ontario, M4Y 1H6*.
- CENTRAL AFRICAN REPUBLIC** — Central African Red Cross, B.P. 1428, *Bangui*.
- CHILE** — Chilean Red Cross, Avenida Santa María 0150, Correo 21, Casilla 246V., *Santiago*.
- CHINA** (People's Republic) — Red Cross Society of China, 53 Kanmien Hutung, *Peking*.
- COLOMBIA** — Colombian Red Cross, Carrera 7a, 34-65, Apartado nacional 1110, *Bogotá D.E.*
- CONGO, PEOPLE'S REPUBLIC OF THE** — Croix-Rouge Congolaise, place de la Paix, *Brazzaville*.
- COSTA RICA** — Costa Rican Red Cross, Calle 14, Avenida 8, Apartado 1025, *San José*.
- CUBA** — Cuban Red Cross, Calle 23 201 esq. N. Vedado, *Havana*.
- CZECHOSLOVAKIA** — Czechoslovak Red Cross, Thunovska 18, 118 04 *Prague 1*.
- DENMARK** — Danish Red Cross, Dag Hammarskjöld's Allé 28, Postboks 2600, 2100 København Ø.
- DOMINICAN REPUBLIC** — Dominican Red Cross, Apartado Postal 1293, *Santo Domingo*.
- ECUADOR** — Ecuadorian Red Cross, Calle de la Cruz Roja y Avenida Colombia, 118, *Quito*.
- EGYPT** (Arab Republic of) — Egyptian Red Crescent Society, 29, El-Galaa Street, *Cairo*.
- EL SALVADOR** — El Salvador Red Cross, 17 Av. Norte y 7a. Calle Poniente, Centro de Gobierno, *San Salvador*, Apartado Postal 2672.
- ETHIOPIA** — Ethiopian Red Cross, Rass Desta Damtew Avenue, *Addis Ababa*.
- FIJI** — Fiji Red Cross Society, 193 Rodwell Road, P.O. Box 569, *Suva*.
- FINLAND** — Finnish Red Cross, Tehtaankatu 1 A, Box 168, 00141 *Helsinki 14/15*.
- FRANCE** — French Red Cross, 17 rue Quentin Bauchart, F-75384 *Paris CEDEX 08*.
- GAMBIA** — The Gambia Red Cross Society, P.O. Box 472, *Banjul*.
- GERMAN DEMOCRATIC REPUBLIC** — German Red Cross in the German Democratic Republic, Kaitzerstrasse 2, DDR 801 *Dresden 1*.
- GERMANY, FEDERAL REPUBLIC OF** — German Red Cross in the Federal Republic of Germany, Friedrich-Ebert-Allee 71, 5300, *Bonn 1*, Postfach (D.B.R.).
- GHANA** — Ghana Red Cross, National Headquarters, Ministries Annex A3, P.O. Box 835, *Accra*.
- GREECE** — Hellenic Red Cross, rue Lycavittou 1, *Athens 135*.
- GUATEMALA** — Guatemalan Red Cross, 3ª Calle 8-40, Zona 1, *Ciudad de Guatemala*.
- GUYANA** — Guyana Red Cross, P.O. Box 351, Eve Leary, *Georgetown*.
- HAITI** — Haiti Red Cross, Place des Nations Unies, B.P. 1337, *Port-au-Prince*.
- HONDURAS** — Honduran Red Cross, 7a Calle, 1a y 2a Avenidas, *Comayagüela, D.M.*
- HUNGARY** — Hungarian Red Cross, V. Arany János utca 31, *Budapest V*. Mail Add.: 1367 *Budapest 5*, Pf. 249.
- ICELAND** — Icelandic Red Cross, Nóatúni 21, 105 *Reykjavik*.
- INDIA** — Indian Red Cross, 1 Red Cross Road, *New Delhi 110001*.
- INDONESIA** — Indonesian Red Cross, Jalan Abdul Muis 66, P.O. Box 2009, *Djakarta*.
- IRAN** — Iranian Red Crescent, Avenue Ostad Nejatollahi, Carrefour Ayatollah Taleghani, *Teheran*.
- IRAQ** — Iraqi Red Crescent, Al-Mansour, *Baghdad*.
- IRELAND** — Irish Red Cross, 16 Merrion Square, *Dublin 2*.
- ITALY** — Italian Red Cross, 12 via Toscana, *Rome*.
- IVORY COAST** — Ivory Coast Red Cross Society, B.P. 1244, *Abidjan*.
- JAMAICA** — Jamaica Red Cross Society, 76 Arnold Road, *Kingston 5*.
- JAPAN** — Japanese Red Cross, 1-3 Shiba-Daimon 1-chome, Minato-Ku, *Tokyo 105*.
- JORDAN** — Jordan National Red Crescent Society, P.O. Box 10 001, *Amman*.
- KENYA** — Kenya Red Cross Society, St. John's Gate, P.O. Box 40712, *Nairobi*.
- KOREA, DEMOCRATIC PEOPLE'S REPUBLIC OF** — Red Cross Society of the Democratic People's Republic of Korea, *Pyeongyang*.
- KOREA, REPUBLIC OF** — The Republic of Korea National Red Cross, 32-3Ka Nam San-Dong, *Seoul*.
- KUWAIT** — Kuwait Red Crescent Society, P.O. Box 1350, *Kuwait*.
- LAO PEOPLE'S DEMOCRATIC REPUBLIC** — Lao Red Cross, P.B. 650, *Vientiane*.
- LEBANON** — Lebanese Red Cross, rue Spears, *Beirut*.
- LESOTHO** — Lesotho Red Cross Society, P.O. Box 366, *Maseru*.



- LIBERIA** — Liberian National Red Cross, National Headquarters, 107 Lynch Street, P.O. Box 226, *Monrovia*.
- LIBYAN ARAB JAMAHIRIYA** — Libyan Arab Red Crescent, P.O. Box 541, *Benghazi*.
- LIECHTENSTEIN** — Liechtenstein Red Cross, *Vaduz*.
- LUXEMBOURG** — Luxembourg Red Cross, Parc de la Ville, C.P. 404, *Luxembourg*.
- MALAGASY REPUBLIC** — Red Cross Society of the Malagasy Republic, rue Patrice Lumumba, *Antananarivo*.
- MALAWI** — Malawi Red Cross, Hall Road, *Blantyre* (P.O. Box 30080, Chichiri, *Blantyre* 3).
- MALAYSIA** — Malaysian Red Crescent Society, JKR 2358, Jalan Tun Ismail, *Kuala Lumpur* 11-02.
- MALI** — Mali Red Cross, B.P. 280, *Bamako*.
- MAURITANIA** — Mauritanian Red Crescent Society, B.P. 344, Avenue Gamal Abdel Nasser, *Nouakchott*.
- MAURITIUS** — Mauritius Red Cross, Ste Thérèse Street, *Curepipe*.
- MEXICO** — Mexican Red Cross, Avenida Ejército Nacional n° 1032, *México 10 D.F.*
- MONACO** — Red Cross of Monaco, 27 boul. de Suisse, *Monte Carlo*.
- MONGOLIA** — Red Cross Society of the Mongolian People's Republic, Central Post Office, Post Box 537, *Ulan Bator*.
- MOROCCO** — Moroccan Red Crescent, B.P. 189, *Rabat*.
- NEPAL** — Nepal Red Cross Society, Tahachal, P.B. 217, *Kathmandu*.
- NETHERLANDS** — Netherlands Red Cross, P.O.B. 30427, *2500 GK The Hague*.
- NEW ZEALAND** — New Zealand Red Cross, Red Cross House, 14 Hill Street, *Wellington 1*. (P.O. Box 12-140, *Wellington North*.)
- NICARAGUA** — Nicaragua Red Cross, D.N. Apartado 3279, *Managua*.
- NIGER** — Red Cross Society of Niger, B.P. 386, *Niamey*.
- NIGERIA** — Nigerian Red Cross Society, Eko Aketa Close, off St. Gregory Rd., P.O. Box 764, *Lagos*.
- NORWAY** — Norwegian Red Cross, Drammensveien 20 A, Oslo 2, Mail add.: *Postboks 2338, Solli, Oslo 2*.
- PAKISTAN** — Pakistan Red Crescent Society, National Headquarters, 169, Sarwar Road, *Rawalpindi*.
- PAPUA NEW GUINEA** — Red Cross of Papua New Guinea, P.O. Box 6545, *Boroko*.
- PANAMA** — Panamanian Red Cross, Apartado Postal 668, Zona 1, *Panamá*.
- PARAGUAY** — Paraguayan Red Cross, Brasil 216, *Asunción*.
- PERU** — Peruvian Red Cross, Jirón Chancay 881, *Lima*.
- PHILIPPINES** — Philippine National Red Cross, Bonifacio Drive, Port Area, P.O. Box 280, *Manila 2803*.
- POLAND** — Polish Red Cross, Mokotowska 14, *Warsaw*.
- PORTUGAL** — Portuguese Red Cross, Jardim 9 Abril, 1 a 5, *Lisbon 3*.
- QATAR** — Qatar Red Crescent Society, P.O. Box 5449, *Doha*.
- ROMANIA** — Red Cross of the Socialist Republic of Romania, Strada Biserica Amzei 29, *Bucarest*.
- SAN MARINO** — San Marino Red Cross, Palais gouvernemental, *San Marino*.
- SAUDI ARABIA** — Saudi Arabian Red Crescent, *Riyadh*.
- SENEGAL** — Senegalese Red Cross Society, Bd Franklin-Roosevelt, P.O.B. 299, *Dakar*.
- SIERRA LEONE** — Sierra Leone Red Cross Society, 6A Liverpool Street, P.O.B. 427, *Freetown*.
- SINGAPORE** — Singapore Red Cross Society, 15 Penang Lane, *Singapore 0923*.
- SOMALIA (DEMOCRATIC REPUBLIC)** — Somali Red Crescent Society, P.O. Box 937, *Mogadishu*.
- SOUTH AFRICA** — South African Red Cross, 77, de Villiers Street, P.O.B. 8726, *Johannesburg 2000*.
- SPAIN** — Spanish Red Cross, Eduardo Dato 16, *Madrid 10*.
- SRI LANKA (Dem. Soc. Rep. of)** — Sri Lanka Red Cross Society, 106 Dharmapala Mawatha, *Colombo 7*.
- SUDAN** — Sudanese Red Crescent, P.O. Box 235, *Khartoum*.
- SWAZILAND** — Baphalali Swaziland Red Cross Society, P.O. Box 377, *Mbabane*.
- SWEDEN** — Swedish Red Cross, Fack, S-104 40 *Stockholm 14*.
- SWITZERLAND** — Swiss Red Cross, Rainmattstr. 10, B.P. 2699, *3001 Berne*.
- SYRIAN ARAB REPUBLIC** — Syrian Red Crescent, Bd Mahdi Ben Barake, *Damascus*.
- TANZANIA** — Tanzania Red Cross Society, Upanga Road, P.O.B. 1133, *Dar es Salaam*.
- THAILAND** — Thai Red Cross Society, Paribatra Building, Chulalongkorn Memorial Hospital, *Bangkok*.
- TOGO** — Togolese Red Cross Society, 51 rue Boko Soga, P.O. Box 655, *Lomé*.
- TONGA** — Tonga Red Cross Society, P.O. Box 456, *Nuku'alofa*.
- TRINIDAD AND TOBAGO** — Trinidad and Tobago Red Cross Society, Wrightson Road West, P.O. Box 357, *Port of Spain, Trinidad, West Indies*.
- TUNISIA** — Tunisian Red Crescent, 19 rue d'Angleterre, *Tunis*.
- TURKEY** — Turkish Red Crescent, Yenisehir, *Ankara*.
- UGANDA** — Uganda Red Cross, Nabunya Road, P.O. Box 494, *Kampala*.
- UNITED KINGDOM** — British Red Cross, 9 Grosvenor Crescent, *London, SW1X 7EJ*.
- UPPER VOLTA** — Upper Volta Red Cross, P.O.B. 340, *Ouagadougou*.
- URUGUAY** — Uruguayan Red Cross, Avenida 8 de Octubre 2990, *Montevideo*.
- U.S.A.** — American National Red Cross, 17th and D Streets, N.W., *Washington, D.C. 20006*.
- U.S.S.R.** — Alliance of Red Cross and Red Crescent Societies, I. Tcheremushkinskii proezd 5, *Moscow 117036*.
- VENEZUELA** — Venezuelan Red Cross, Avenida Andrés Bello No. 4, Apart. 3185, *Caracas*.
- VIET NAM, SOCIALIST REPUBLIC OF** — Red Cross of Viet Nam, 68 rue Bà-Triệu, *Hanoi*.
- YEMEN (Arab Republic)** — Yemen Red Crescent Society, P.O. Box 1471, *Sana'a*.
- YUGOSLAVIA** — Red Cross of Yugoslavia, Simina ulica broj 19, *Belgrade*.
- REPUBLIC OF ZAIRE** — Red Cross of the Republic of Zaire, 41 av. de la Justice, B.P. 1712, *Kinshasa*.
- ZAMBIA** — Zambia Red Cross, P.O. Box R.W.1, 2837 Brentwood Drive, *Lusaka*.